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# **Beliefs and practices in health and disease from the MacLagan Manuscripts (1892–1903)**

**Allan R Turner**

I, Allan Roderick Turner, Ph.D.student at Edinburgh University (s0235313) affirm that I have been solely responsible for the research in the thesis and its completion, as submitted today.

Signed

Date

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‘Mòran, mòran taing is mo bheannachd dhuibh uile’.

## **Abstract**

The MacLagan Manuscripts (1892–1903) are derived from transcriptions of an extensive range of oral traditional narratives collected from a large number of named loci throughout the Highlands and Islands of Scotland, but principally from Argyllshire and the Inner Hebrides. They are named after Dr R. C. MacLagan (1839–1919), an Edinburgh doctor, who began the collection at the instigation of the British Folklore Society and continued to supervise the collectors' work till its completion.

From the multifarious number of subjects included in the manuscripts, the chosen topic of the thesis was selected for detailed research and examination because of the recorded accounts of diseases, illnesses and treatments experienced by patients and their families within the framework of traditional healing beliefs and practices derived from a distinctive Celtic ethnographic culture.

The main objectives within the selected methodology of the thesis were, firstly, to present a comprehensive description of the nature of holistic beliefs and practices associated with healing named diseases; secondly, to interpret the named diseases and the likelihood of success or failure of treatment in relation to the presumed underlying causation. Finally, it was considered important to set the experiential suffering of illness and diseases against the contextual background of daily life cycle of beliefs and communal daily living as found in the manuscripts. I am confident that the first two stated objectives of the thesis have been achieved within the limits of the oral narratives; the attempt to meet the requirements of the final phase of research, while complete within the defined set limits, has clearly shown that the manuscripts, in their entirety, represent an extensive original resource of oral traditions from the Highlands and Islands which have as yet not been researched in detail (Mac-an-Tuairnear 2007). Completion of this thesis was facilitated by the formation of a Microsoft Access database inclusive of all the manuscript key subjects- samples of which can be found in the Appendix.

Mac-an-Tuairnear, A.R. (2007) Beul-aithris a Earraghaidheal is na h-Eileanan bho Lamh-sgrìobhainnean MhicLagan TGSi 55 97-125

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## **General introduction and summary of chapters**

### ***General introduction***

In this introduction, it is proposed to provide summaries of the objectives, background, methodology and content of the thesis, and to describe the methods used to develop, discuss and define how all the descriptive items relating to health and disease in the Maclagan Manuscripts add to our knowledge and understanding of the lives and beliefs of the people resident in different parts of the Highlands and Islands in the late nineteenth century. This approach is presented in sequential named chapters, as given in the Table of Contents, with the express intention of placing the collected items in a social, historical, geographical and ethnographical context and to facilitate the necessary thread of continuity in knowledge and understanding of the subject between each chapter.

Reference will be made in each chapter to subjects of a wider and more general application to health and disease, such as the state of the houses used for accommodation, the attitudes to food and drink, or songs which refer to the anguish of the love-forlorn. It is hoped that these topics will further illustrate the main subject of the thesis and will be judged as relevant to its interpretation and the thematic conclusions. Consideration will also be given to the descriptions of the experiences of suffering felt by the patients and the care and empathy given to them by relations and friends. Although there are many written accounts of the experiences of diseases and afflictions common in the Highlands from several sources (Masson 1888; Whittet 1988; Royal College of Physicians Report 1852), these are largely based on

the knowledge of the individual writer who was often a doctor and had worked in a particular area of the Highlands for most of his life. More recent writers (Dingwall 2003; Hamilton 2003; Beith 1995) provide more general descriptions of illness and disease, including many of the subjects which appear in the MacLagan Manuscripts. In these, there are many first-hand accounts of separate items of information that portray the life experience of hundreds of sick people living in many different parts of the Highlands and Islands in the late nineteenth century, as gathered and kept by a single individual – Dr Robert Craig MacLagan (1839–1919). Although he was based in Edinburgh and instigated the survey, then stored and edited the manuscripts, the key people who were responsible for the collection from the primary contributors in the West Highlands, were all his collectors of whom the most frequently named were Miss Elspeth M. Kerr (1860-1940) from Islay and the Reverend Neil Campbell (1850-1904) from Kilchrenan, Argyll.

Throughout the thesis, a multifarious selection of illustrative examples of illness, diseases and healing are given to allow a closer understanding of the general and specific features of life in Argyll and the West Highlands in the late nineteenth century, while permitting the reader to give their own interpretation of the first-hand accounts of illnesses and diseases. The manuscripts have not previously been the subject of detailed examination and it is hoped that the current work will complement the wealth of Highland folklore material in the collections undertaken by John Francis Campbell – ‘Iain Og Ile’ (1822–1885), Alexander Carmichael (1832–1912), John Gregorson Campbell (1836–1891), as well as those found in the Dewar Manuscripts and the Archives of the School of Scottish Studies, University of Edinburgh.

Authenticity is a broad term of commendation and approval used to support the validity and portrayal of events within a past historical setting. In commenting on her Booker Prizewinning historical novels based on the life of Thomas Cromwell, Hilary Mantel recently said ‘We have to respect those people’s stories in their own right. They are no less people for being dead’ (Mantel 2012: R24); and the same general principle is applicable to oral history and the field of ethnology within which the manuscripts are sited (Porter 1997). This statement replicates precisely the early objective followed as the ‘backbone’<sup>1</sup> of the whole thesis to use and cite the beliefs, daily practices, tales and customs found in the manuscripts as likely to provide the best (and frequently the only) recreation of the individuals, their homes and the time period in which they lived, as well as details of the diseases and illnesses from which they suffered.

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<sup>1</sup> A common Gaelic phrase used in this context is ‘*Cnàmh-droma na firinn*’, ‘the backbone of truth’.

## **Chapter Summaries 1–8**

The following brief descriptions give an indication of the subject and derivative contents of all the eight chapters of the thesis which aim to provide a detailed logical and contextual presentation of the descriptions of health and disease in the MacLagan Manuscripts. It is emphasised that though the headings will be apposite for the chapter content, there will be many instances of cross-reference to the same subject in different chapters; for example, one person's illness may have been treated by verbal charms, then by herbal preparations, interspersed with a visit to local holy well – and if the illness was fatal, there may well have been a well-attested premonition of the demise in the neighbourhood followed by a detailed description of the funeral – and how the cause of death was interpreted by the community.

### **Chapter 1**

#### **Beliefs and practices of folklore in the Highlands during the late Nineteenth Century**

#### **History and development of Highland medicine in the Nineteenth century;**

#### **Dr R. C. MacLagan – Biography**

This initial section is a review of the general features and history of the development and interpretation of oral folklore traditions, with particular emphasis being given to their transmission and the value placed on their relevance to daily life in the Highlands. This same approach is applied to the contextual and historical accounts of the traditions of folklore medicine derived from the available oral and printed sources. Many of these subjects mentioned could be set against a selected, relevant explanatory background of accounts taken from medical anthropology, ethnology,

ethnobotany and ethnopharmacology. These newer disciplines did not exist as named subjects in the late nineteenth century but it is judged appropriate to refer to them selectively when judicious retrospective analysis of subjects from the manuscripts is attempted. Social, biographical, medical and cultural historical writings about different areas of the Highlands in the late nineteenth century also form a valuable resource for contextual interpretation. This is followed by a brief history of early medicine from its early roots in the European continent and Ireland to its progression in Scotland, with particular emphasis on the descriptions of beliefs and practices held by local healers, as well as the status and practice of well-known hereditary practitioners of medicine in clan-based Highland society.

The Beatons were the best-known doctors, their influence lasting from the thirteenth to the early eighteenth century (Gillies 1911; Mackinnon 1912; Bannerman 1998). For many of them, much of their learning was gained from attendance at the European universities of Salerno, Padua and Pisa. Their practice and influence on the provision of medical care in the Highlands was considerable, and preceded the introduction of the National Health Service to the region by six hundred years. The available accounts of diseases and treatments are noted in relation to the social and political changes which led slowly to the provision of more structured medical provision, commencing with the Highlands and Islands Health Scheme (Dewar 1912)

Dr Robert Craig Maclagan was an Edinburgh doctor, businessman, folklorist and writer. In this section, a brief biography is provided, set against the social and cultural background of Edinburgh in the latter half of the nineteenth century. He was a member of the British Folklore Society from 1882 and, following a request from

the Society, he began the collection of manuscripts from Argyll and the West Highlands which provided the primary material for this thesis. He continued to supervise the whole process from his Edinburgh home, while using much of the collected oral material to underpin and elaborate his own folklore writings (see Appendix: List of Dr. MacLagan's publications as cited). Although he is best known for his major contribution to the collection of oral traditions, his other roles in late Victorian Edinburgh will also be noted.

## **Chapter 2: The MacLagan Manuscripts**

In this chapter a description of the MacLagan collection is offered with the main objective of showing how all the manuscript items relating to the subject of the thesis can be explained and interpreted in relation to other descriptions of health and disease from available oral and written sources. Some brief descriptions are given as to the nature and variety of general subjects included in the manuscripts, with selected examples being used to illustrate the lives, beliefs and social conditions in the second half of the nineteenth century. Information is also provided about the collectors who had agreed to collaborate with Dr MacLagan; where most of the material was collected; and such details as are available about the informants and their particular contributions. Some comments are offered on the English and Gaelic orthography and translation approaches in the manuscripts. A comprehensive description of the current locus and status of the manuscripts is also provided. In the later chapters, which deal with the descriptions of diseases and healing in explanatory terms, it is hoped by cross-referencing to enlarge the boundaries of specific areas of general knowledge as well as the individual's experience of health, a disease and illness.

### **Chapter 3: Methodology and objectives of thesis**

Being faced with a large variety of primary-sourced folklore material, previously unexamined or described,<sup>2</sup> it was necessary to provide a description of how the subject of the thesis was selected. After all the manuscripts had been read, preliminary pilot studies of several possible topics were done before the subject of this thesis was selected as the most suitable for detailed investigation and research. An appropriate methodological approach was then chosen as being the most likely to allow research and deductive analysis of the chosen subject (Brooks 1969; Foley 1988; Finnegan 1992). A fuller description of the methodology forms the structured content of this chapter.

In order to allow ready access to separate items of information in the manuscripts for research, discussion and presentation, each listed description of disease and illness was entered into a Microsoft Access database. A selection of items relating to the subject of the thesis is included in the Appendices at the end of the thesis. The ease of access and the benefits of this system are noted in the final Chapter 8.

### **Chapter 4: Diseases and healing; Healers and doctors; Food and its value**

This chapter serves to introduce and describe all the researched material which has been found in the manuscripts – how the disease conditions were named and described (if given), the methods of treatment used, the outcomes of the diseases and whether these were influenced by the interventions. It is also relevant to discuss how the healers and those who advised ‘simple’ remedies interacted with the university-

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<sup>2</sup> Many items from the manuscripts have appeared as single abstracts in *Tocher*, the publication of the School of Scottish Studies.



trained doctors who were to be found in many areas in the Highlands and Islands. The prime source of information for this subject is the *Royal College of Physicians Report* (1852) from the mid-nineteenth century, based on the findings from a questionnaire completed by doctors and ministers throughout the Highlands, where fundamental questions were asked regarding access to medical advice and treatment. From written sources (Masson 1888; Macleod 1911; Gillies 1911; Hamilton 2003) and the oral accounts in the manuscripts, the treatment of illnesses in the Highlands in the second half of the nineteenth century is thought to have been situated at a fluid interface between the indigenous native healing practices and those being introduced and practised by doctors.

## **Chapter 5: Healing in the context of supernatural beliefs and practices**

There are many descriptions in the manuscripts of the beliefs and practices arising from the recitation of charms and incantations, visits to holy wells and use of holy water, as well as reliance on stones and amulets for their healing properties. Several examples of these are given as they appear in the manuscripts; many informants describe their own personal responses to these practices as well as how they affected members of their families and relations. There are relatively few examples given by ‘healers’ of their own techniques, perhaps because it was not felt appropriate to vocalise charms in a non-healing situation.<sup>3</sup> Further discussion and interpretation of this subject will be expanded by reference to the work of other scholars.

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<sup>3</sup> This was also discovered by Alexander Carmichael but he is attributed with the ability to gain the confidence of his informants.

## **Chapter 6: Herbal and non-herbal healing**

There was a general awareness of the applications of herbs and plants as a remedy for many illnesses, based on a knowledge of the sources and the necessary recognition of different plants, passed down from one generation to the next by oral transmission. Animal-based products and seaweeds were used in a similar manner for healing. This chapter describes the uses and nature of the plants named in the manuscripts with additional contemporary interpretation of particular plants, some of which are known to have biologically active constituents (Allen and Hatfield 2004; Ernst 2000).

## **Chapter 7: Life-cycle stages as profiles of health and disease**

The relationship between beliefs and customs and the various stages of life from birth to adulthood and death have been noted by Bennett (1992). In this thesis, apart from all the particular items where specific illnesses are described and treated, it is appropriate to consider the many descriptions of beliefs and practices of daily life relating to the different stages of life from birth to childhood, adulthood and death and which were thought to have an effect on growth, maturity and health promotion. The background living conditions, eating habits and the perceptions of what practices contribute to a healthy life are held to be important in the twenty-first century. Even though in the late nineteenth century many of these subjects were not known in a wider historiographic setting, there were certain beliefs and practices which were an integral part of daily life and these are addressed in this chapter (Erikson 1980; Livingstone 2000).

## **Chapter 8: Results: discussion, conclusions, summary**

This final chapter is devoted to a complete, detailed and discursive summary of the results of the research into the Maclagan Manuscripts. It will indicate the main findings and conclusions drawn from this work, with a focus on new data findings and their interpretation in the later stages of the nineteenth century. Particular emphasis will also be placed on the methodology of collecting the data from the manuscripts and how this experience could be also applied to similar archival material of a medical nature. Any limitations will also be described in general terms with postulated reasons why some medical conditions and explanations do not appear in the manuscripts. The particular importance of the use of the Microsoft Access database in enabling the research to be completed is noted. Finally, some other subjects from these unique manuscripts will be noted which could be used for detailed research by scholars in the future. Although the majority of the transcriptions have been written in English, there is also a substantial number written in Gaelic, particularly by the Reverend Neil Campbell. All Gaelic quotations used for explanatory purposes have been inserted in the thesis exactly as found, even though they may not be consistent with modern Gaelic Orthographic Conventions; if any modifications are used for the sake of clarity these are noted.<sup>4</sup>

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<sup>4</sup> For a more detailed dissertation on the subject of Gaelic orthography in oral traditional recordings, see Black (2005: 9–18).

## **Chapter 1**

### **Beliefs and practices of Folklore in the Highlands during the late Nineteenth Century**

#### **History and context of Highland medicine**

#### **Dr.R.C.Maclagan: Biography**

### **Introduction**

From an initial reading of all the items relating to health and disease in the manuscripts, it is evident that they were all collected by direct oral communication from individuals who either had personal experience of the diseases or who had learned about them from older members of their families or network of friends. It is evident that the whole MacLagan collection process falls within the field of folklore (as it was then known). Its value lies in its being based on first-hand primary material which nevertheless will need to be subjected to critical even-handed contextual analysis.

A comprehensive introduction to the subject of folklore may be gained from several sources (Vansina 2006; Dorson 1972; Black 2005; Bruford and MacDonald 1994; Glassie 1995; MacDonald 1997), these providing material on the origins of the discipline, its history, and the terms commonly used with indications of how the subject developed and was understood in different countries. However, in the twenty-first century, the individual who has access to folkloric material may wish to correlate its substance and provenance to modern disciplines such as ethnology, ethnography and cultural anthropology. One of the earliest approaches used to give a

coherent structure to its understanding and placement within similar disciplines was that adopted by the Finnish school (Honko 2000) with its emphasis on the historic-geographical method as a comprehensive method of classification, enabling researchers to apply the recommended methodology to any folklore collection. Dorson (1972) noted the importance of comparative placement of any oral collection within the wider context of similar collections from other archival collections and this objective has remained central to the research and writing of this thesis. He also raises an important theoretical and practical consideration as to the degree of trust that can be placed in the historical and ethnological content of narrative traditions. The answer to this question is judged to determine the degree to which ‘folklore was to take its place alongside literature, music and the arts as a controlled expression of proletarian ideals’ (Dorson 1972: 17). In researching the individual descriptions and accounts from the manuscripts, the approach adopted throughout has been in line with the following description from *The Anthropology of Experience*: ‘The critical distinction is between reality (what is really out there, whatever that may be), experience (how that reality presents itself to consciousness) and expressions (how individual experience is framed and articulated’ (Turner & Bruner 1986: 6). Turner also sees ‘experience as an isolable sequence marked by beginnings, middles and endings, as ways in which people tell what is most meaningful about their lives .... And that the flow of experience is constantly arrested by reflexivity’ (Turner & Bruner 1986: 13).

The MacLagan Manuscripts were almost in their entirety obtained by direct oral transmission from informant/storyteller to collector and hence it is appropriate to give brief explanations of the associated descriptive lexemes of the subject. In *The*

*Spoken Word* (Fox & Woolf 2002) there are explanatory characterisations of how the terms ‘oral culture’, ‘oral tradition’ and ‘oral communication’ are understood and may be applied to any archival recordings, transcriptions, or derivative writing; all of these are included in the basic term ‘orality’. Despite the worldwide increase in non-verbal communication through the printed word and social networking, oral communication is still the chief modality by which individuals and groups communicate with each other, if extrapolated from an estimate of the world population. The closely related terms of communication and culture have been defined as follows, being highly relevant to the MacLagan Manuscripts and similar sources: ‘Oral communication is thus one aspect of an oral culture’ while ‘oral culture ... is the aggregate of those things which are communicated orally in a specific, social, linguistic and geographic setting, together with the vocal means by which they are communicated’ (Fox & Woolf 2002: 12).

Oral tradition inevitably relates to events, people, modes of living (and dying) associated with one or more previous generations. What has rarely been said or emphasised is that oral traditions, when recounted and heard, often had a profound effect on the listeners shaping their thinking and attitudes. Henderson (1911), a scholar contemporary with MacLagan, attempted to explain why beliefs in charms and the ‘evil eye’ were embedded in the Highland culture of his time by introducing ‘folk psychology’; however, his conclusions do not add significantly to his earlier ‘propositions of understanding’. The transmission of oral traditions affected the manner in which members of the audience thought of their own future obligations and relationships, within and outwith their families and friends. Throughout the Middle Ages in Britain and persisting into the nineteenth century for the Highlands

and Islands of Scotland ‘these traditions formed a fundamental part of the perceptions and consciousness of the speakers ... and were crucial to the construction of cultural identity’ (Fox & Woolf 2002: 16).

Some more modern terms have made their appearance as a substitute (or as a broader conceptual replacement) for folklore, which was often interpreted as a subject associated with the quaint habits and customs of rural communities. Ethnology is the term espoused by academic disciplines since it emerged from socio-cultural anthropology, being allied to the methods used to understand the expression of different cultural groupings. Since many features of traditional cultures have been accultured through the invasion of modern media genres, ethnologists now will continue to use the archival material, either from manuscripts, or from recorded interviews as found in the Sound Archives of the School of Scottish Studies.

When the British Folklore Society was founded in 1878, it is possible that the reason Victorians (like Dr Maclagan) were drawn to the subject of antiquities and ‘curiosities’ of folklore, was their awareness of the cultural divergence between life in the increasingly urbanised cities and the more ancient beliefs and practices to be found among rural communities. Traditions were, and still are, associated with the past, and it may be said that the survival or passing of a tradition may be likened to both the constancy and fluidity of individual and communal cultural identity. One may also add that this may explain why traditions often had a time of commencement and one of departure, linking their memory and evocation to the different phases of living from birth to death, as will be addressed in Chapter 7.

Over the course of several decades from the beginning of the nineteenth century, the subject of folklore had begun to attract the interest and attention of the literate intelligentsia in Europe and Britain. An English antiquarian, W. J. Thoms (1803–1885), is credited with having first introduced the term ‘folklore’ to those who were aware that there were habits, customs and practices in many parts of England of a distinctive nature: a similar awareness of many of the unique aspects of life in rural areas began to develop in Scotland. Fortunately, at this time, due to the burgeoning interest in the nature and distribution of oral traditions, legends and beliefs held by isolated communities throughout Europe, similar material had already been collected by well-known authorities, such as the Grimm brothers from Germany and George W. Dasent<sup>5</sup>. Many in Britain were influenced by these writings and began to search for similar folklore from the members of the older generations and in Scotland a few notable individuals also were diligent in listening to, and writing about, the life of the residents of the Highlands and Islands of Scotland. The increase in literacy throughout urban and rural Scotland also contributed to this burgeoning development, as did the increase in printing and publishing of books and newspapers, allied to their wider availability to the general public. Among those attracted to the subject of Highland beliefs, practices and culture was Dr Robert Craig MacLagan. Other better known individuals, active in similar areas, were Alexander Carmichael (1832–1922)<sup>6</sup> and John Francis Campbell of Islay (1822–1885) who, being well

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<sup>5</sup> George Dasent (1817–1896) translator of *Njal's Saga* also inspired John Francis. Campbell to start his collection work in Scotland.

<sup>6</sup> Both Alexander Carmichael and Robert Craig MacLagan were contemporaries with broadly similar interests in folklore; MacLagan was resident in Edinburgh all his life, while Carmichael moved there in 1898; yet there is no record that they ever met. There is some brief correspondence in which they do not agree on the descriptions of the activities of the St Kilda young men (MacLagan 7073a.1 and 7092a.1).



versed in the history and culture of Britain and Europe, consequently realised that, in Scotland, they lived on a high watermark of a unique and distinctive Celtic cultural environment which could be best accessed in its entirety by those fluent in the Gaelic language. Alexander Carmichael was responsible for the production of *Carmina Gadelica* (in which he showed the rich variety of charms and incantations in poetic form to be found, mainly in the Outer Hebrides). At an earlier date John Francis Campbell had produced *Popular Tales of the West Highlands* (1860-62).

Both the above-named collectors were native speakers and had an intimate personal knowledge of many of the areas where their oral traditions were collected. Neither statement is true of Dr MacLagan, for though he could read Gaelic, being self-taught, there is no written evidence that he could speak it, nor that he ever visited the places where the collections were sourced. However, he did express in 1905 his approach to the material which he had been sent earlier. ‘The writer is no philologist; he desires to be an interpreter of folklore and believing that all folklore has some “kernel” of fact and is not mere fancy, it is of this “kernel” that he is in search’ (MacLagan 1905).

The published work of several researchers in this field (Degh 2004; Porter 1998; Vansina 2006 ) confirm many of the above perceptions and explanations relating to the manner in which orally transmitted cultures helped to define and characterise cultural groups; there are also detailed discourses on the meaningful relationships which ethnology has with a variety of parallel and related disciplines, such as social and medical anthropology, and social sciences, as well as the tangential written historical accounts from the countries where the personal oral narratives originated. As these subjects expanded and evolved, the historical interpretation of oral tradition

and its meaning in the context of daily life altered, and may be seen in a different light (Kleinman 1988)<sup>7</sup>.

In the twenty-first century, consideration of the various attributes of traditional medicine will induce the reader to consider how their interpretation can be affected by awareness of scientific disciplines, such as biomedicine, where observed, measured and numerate variables are subjected to statistical rigour before a measured response can be public or selected as a choice of treatment. Nevertheless, it is taken to be self-evident that the descriptions of diseases and the various prescribed treatments originating from the second half of the nineteenth century – the subject of the thesis – is researched, resourced and described against the known contextual background of the places where the oral collections were gathered, in deference to the local social, historic and cultural time period.

The persistent belief and practice of various forms of complementary alternative medicine, currently in use in Western and Third World countries, may also be used for retrospective historical comparison although this can only be done to a limited extent, given the difference in cultural settings of the available material.<sup>8</sup> There are many publications in which the definitions of beliefs, legends, motifs and customs derived from oral traditions and oral-formulaic structures, have been considered and described (Dorson 1973; Degh 2004), and indeed the philosophical and discursive content of these writings may be considered a semantic genre in its own right.

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<sup>7</sup> His textual interpretation in *The Illness Narratives; suffering, healing and the human condition* has particular relevance to Chapter 7 of this thesis.

<sup>8</sup> Considered on an international basis, the use of non-conventional healing methods exceeds the use and applications of science-based medicine (WHO 2005).

In contrast to the above, more lucid and possibly more emic descriptions of the nature of oral traditions are found in several writings which appear much more closely bonded with the thematic constructions of beliefs and practices, and point to their centrality in the daily lives of the tradition bearers and their audiences (Campbell, J. L. 2000; Carmichael 1900–1971; MacInnes 2006).

The subject of the reliability of oral culture, as transmitted down the generations, is highly relevant to any research process which attempts to discern the ethnological relevance of the material under review. Felfoldi & Buckland (2002) in their text *‘Authenticity; whose Tradition’* address the subject of their book in a manner which may be summarized as follows: ‘authenticity is an expression used to place events, happenings and representations of art in a central setting where it gives credence and respectability to the subject and its relevance to all aspects of the subject under consideration’. In relation to folklore, this is an important core value. In a sense this is the ‘gold standard’ by which other descriptions can be compared, ‘human activity happens as lived experience before being set down by some individual and is to that extent retrospective’. (Lummis 1987:13)

Gradual awareness of the longevity of traditional oral culture in the eighteenth century came partly from the writings of James ‘Ossian’ Macpherson (1736–1796); much earlier there had been other collections made by Edward Lhuyd (1660–1709), who was interested in customs and the construction of language, and Martin Martin (d.1719) whose *A Description of the Western Isles of Scotland* was first published in 1703<sup>9</sup>. In the case of James Macpherson, although his written version of traditional

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<sup>9</sup> See Oxford Dictionary of National Biography (2004)

heroic tales, *Fragments* and *The Poems of Ossian* (1763), owed much to his own creative interpretation and gave rise to a continuing controversy among the literati of his day, their influence on the promotion of awareness of the cultural history of the Highlands and Islands cannot be denied. Subsequently, Sir Walter Scott in many of his novels had access to some of the legends and sagas from the Highlands and portrayed some of the differences between Celtic and Anglo-Saxon cultures, perceptions sought by the increasing numbers of visitors to the Highlands, who began to regard their visits as rites of educational and artistic passage<sup>10</sup>. In the nineteenth century a variety of individuals gave serious attention to the collection and classification of oral traditions in the Highlands and Islands and the ready availability of printing and publishing firms made them available to an increasingly literate public, especially in the towns and cities.

The collectors to whom reference has already been made include John Francis Campbell (Iain Og Ile), Alexander Carmichael, and J. G. Campbell (1834–1891) of Tiree, whose work formed the basis of *Waifs and Strays of Tradition* (1889). John Dewar (1802–1872), a woodsman from Argyll, developed a particularly assiduous approach to his collection of oral traditions, some of which eventually came to print as the Dewar Manuscripts (Mackechnie 1964). Dewar was also one of the collectors for whom John F. Campbell had a high regard for contributions to his collection. Another person active in a different field was Francis Tolmie (1835–1911), who concentrated on the collection of folksongs in Skye. Marjory Kennedy-Fraser (1857–1930) also collected and transcribed folksongs from the Outer Hebrides, which were

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<sup>10</sup> Rev. Dr. John Walker visited the Hebrides in the late 18<sup>th</sup> century and recorded his observations of the living conditions and diseases then prevalent (McKay 2004)

published as *Songs of the Hebrides* (1909); some of which she subsequently introduced in a modified presentation to English-speaking audiences from the concert platform. In the scrutiny and comparison of related paradigms of folklore beliefs and practices, it is necessary to search for sources from different geographical areas, such as those which were found in Wester Ross (Robertson 1905).

In the twentieth century, the main body associated with the collection, storage and interpretation of Scottish folklore has been the School of Scottish Studies; initially an independent organisation from its establishment in 1951, it is now conjoined with the Department of Celtic and Scottish Studies of the University of Edinburgh.

Since 2007, a modern approach to the assessment, collection and preservation of traditional Scottish oral collections through digitisation has been adopted by *Tobar an Dualchais*, which is a collaborative organisation representing the School of Scottish Studies, BBC Gaelic Archives and the collected work of J. L. Campbell of Canna (<http://www.tobarandualchais.com>). The Carmichael Watson Papers, kept in the University of Edinburgh, are the subject of detailed analytical research (<http://www.carmichaelwatson.lib.ed.ac.uk>) and also the valuable collection made by the esteemed collector of Scottish folklore, Calum I. Maclean (1915–1960)<sup>11</sup>. Both these projects, when completed, will undoubtedly facilitate academic examination, comparison and assessment of different subjects within the field of ethnology; it should also permit a geographical and historical perspective to be given to chosen subjects, and should allow the construction of more detailed descriptions of the collectors and contributors to each collection of manuscripts, and the crucial nature

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<sup>11</sup> See [www.calum-maclean.celtscot.ed.ac.uk](http://www.calum-maclean.celtscot.ed.ac.uk)

of their oral historical memorates. The variations in the approaches used by different collectors in pursuit of their aims, their expertise in face-to-face interviews, consistency in translation from Gaelic into English, and the reasons for selection of particular subjects continue to be the subject of comparative assessment, as these are derived from the oral recordings and final manuscripts in our possession today. For students and researchers in ethnology, in his chapter 'Understanding the Tradition', West (2013; 23-49) highlights this as a foundation principle of the subject, while much of the rich archival material in the School of Scottish Studies is revealed in *The Carrying Stream Flows On* (Chambers ed.2013) .

An equally important subject is the Gaelic content of each of the late nineteenth century collections and the information which could be gained from evaluation in terms of orthography and comparative linguistic assessment. As with many historiographic enterprises, including the current thesis, the evaluation will need to be posited on the life values, interests and experiences of the contributors as well as the motives and skills of the individual collectors who, by their accurate translation and sensitive transcription, can contribute to a rounded yet heterogeneous description of Highland communities in the late nineteenth century.

Since the main theme and focus of this work is directed towards the traditional health and disease practices as described in the manuscripts, several contemporary sources written on the same subject have been used, in order to clarify and explain the context and meaning of the Maclagan contributions. Some of these writers were also doctors (Masson 1895; Macleod 1911; Whittet 1988); all of them were aware of and sympathetic to the traditional cultural environment in which they lived or had heard

about, while also presenting the concepts and practical issues arising from their own medical training. Dr MacLagan wrote about many aspects of health and disease in the Caledonian Medical Society's Journal, as did many of his less well-known contemporaries.<sup>12</sup>

The writings which came from those who were not doctors, but had first-hand experience of the Highland healing practices, are equally valuable, and many examples are also found in Archives of the School of Scottish Studies. More recent general texts, such as *Encyclopaedia of Folk Medicine* (Hatfield 2004) and *Medical Plants and Folk Tradition* (Allen and Hatfield 2004) contribute to the various descriptions of traditional methods of healing, inclusive of many international references. In the manuscripts there are many descriptions (mostly given in Gaelic) of the herbal preparations used for specific diseases and this subject is discussed in Chapter 6, with a full listing of all the plants noted in the manuscripts (see Appendix.)

In this chapter, an outline description of Highland folklore has been set in the context of the nineteenth century in so far as it relates to the collection, nature and content of the MacLagan Manuscripts. The leading figures who contributed to this process have been named with brief accounts of their particular contribution to this field. Reference has been made to modern interpretations of folklore, while emphasising that all research focused on particular subjects, such as the beliefs and practices relating to traditional medicine, have to be interpreted and illustrated from a contextual time period.

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<sup>12</sup> The *Caledonian Medical Journal* was published from 1893 to 1948 and contains a large number of contributions on all aspects of Scottish medicine.

## **History and context of Highland Medicine**

Here it is intended to provide an introduction to the main features of the history of Celtic medicine, tracing its practice from its earliest origins in the Middle East and Egypt, to its acceptance and further spread throughout mainland Europe and thence to Britain; special attention will be paid to Celtic medicine in Ireland and Scotland. From the nineteenth century onwards there are numerous authoritative writings on this subject (Gillies 1913; Porter 1999; Logan 1999). Nevertheless, in this chapter, the emphasis and content will be confined to those concepts and medical beliefs, noted in mediaeval manuscripts which passed to Ireland and Scotland. Of all the Gaelic archived manuscripts in the National Library of Scotland, those dealing with disease, illness and healing form the single largest category (Bannerman 1998; Black 2005 ). The original Latin documents came from early centres of learning in Italy and France, principally Salerno and Montpellier, where some members of the famous medical dynasty of Beatons studied and acquired much of their knowledge and skills, before translating the original documents into Gaelic. There are several references to the Beatons in the Maclagan Manuscripts, and also to some of the other doctors who had similar roles in different communities, such as the O'Connachers of Argyll.

The final part of this section will continue with a description of the accounts of diseases and illnesses in the Highlands and Islands as found from other sources, particularly from both Statistical Accounts (1797 and 1845), from Martin Martin's accounts of his experience in the Western Isles in 1695 and also from the 1852 Survey made by the Royal College of Physicians of Edinburgh on the state of medical care and provision in the Highlands. Several later accounts of health,



diseases and healing subsequently appeared in contributions made by doctors to the *Caledonian Medical Journal*, including those submitted by Dr MacLagan.

In the latter half of the nineteenth century, successive national governments became aware of poverty and disease in the Highlands of Scotland, helped by the increasing engagement with the subject by literate and educated Highlanders; some of whom were also championing the rights of the cottars to gain access to land for cultivation of crops, ending in the passage of the Crofters Act in 1886. The Dewar Committee of Inquiry into the State of Health in the Highlands was constituted and, from the information gathered, a more comprehensive system of healthcare was advocated, resulting in the Highlands and Islands Act (1912). In many aspects of governance and application, it was to be the forerunner of the NHS Act of 1946 (McCrae 2008). From this time until the mid twentieth century the incremental changes in health care and its provision were noted in the Birsay Report (1967).

## **Growth of Medicine in Europe**

Although the main emphasis of this thesis relates to the practices of healing in the communities in the Highlands and Islands of Scotland, it may be also considered relevant to comment briefly on the descriptions of illness and healing in England and Europe, with emphasis on the areas of confluence and contrasts in practice. The healers had different names in many countries; in England they were called ‘cunning men’ and ‘wise women’; in Spain they were named as ‘saludadores’ or healers. The wise woman was also frequently cast in the role of the village midwife. It is noted that herbal preparations were a large part of their remedies, sometimes linked to a variety of charms, incantations and holy rituals. As in the Highlands, some healers

restricted their activities to managing one or two related diseases, such as sprains and limb injuries, while some of their rivals felt that their healing brief was wider and they could treat patients with different body ailments. Sometimes, the occupation of the healer was seen as giving them additional healing powers, and individuals, such as clergymen, blacksmiths and musicians, were thought to have special access to magical healing powers, as well as being able to use herbal and non-herbal remedies. Much of the knowledge of healing had been handed down in the family, some of which had been based on their recollection of the most successful remedies in their neighbourhood (Burke 2009: 152).

In medieval Europe, it was often thought that those who had the ability to heal by the use of charms and rituals, could also indulge in sorcery on the grounds that ‘qui sciit sanare sciit destruere’, ‘whoever knows how to heal, knows how to harm’.<sup>13</sup> The wise women could sometimes be regarded as witches with the power of the ‘evil eye’. Although there are many descriptions of beliefs in the influence of witches and many examples of the ‘evil eye’, in the MacLagan Manuscripts, there does not appear to be the same perception of the powers of witchcraft and healing being used by the same person. It has also been commented that the advice of healers was rarely sought before home remedies were applied or some attempts at self-cure (Burke 2009).

In Europe, Jean Jacques Rousseau (1712–1778) was the great advocate of the natural life ‘with his emphasis on fresh air, simple food, comfortable clothes, breast feeding and uncomplicated, direct human relationships’ (Porter 1999; 89). A similar expression of the ideal life for the promotion of health is sourced back to the Druids

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<sup>13</sup> Quoted by Burke (2004; 185) in *World View; Some dominant traits in the Italian Renaissance*.

(Whittet 1988) and also in *Regimen Sanitatis* (Gillies 1911). From the beginning of the nineteenth century with its progressive industrialisation, it was seen that the creation of large towns led to pollution by dust and smoke, poverty and overcrowding and the faster spread of infectious diseases. This was not a feature of most of the rural communities which feature in the MacLagan collection, except that there was increasing migration to the cities by the able-bodied in search of paid work. At the same time, the strength and continuation of family bonds would have encouraged workers to return home from seasonal employment – and inevitably they were responsible for carrying diseases back to the remote communities. It would appear that health promotion and disease prevention were common beliefs in many different countries as ways of treating diseases. The provision of clean water and sewage systems were too complex to be left to the individual and in Europe it was J. P. Franck (1745–1821) who promoted this direction as being beneficial to town and country areas. Later on, nineteenth century industrialisation was seen to be a major factor in urbanisation, linked to poverty, overcrowding and disease mortality.

Gaelic culture was in many ways different to Lowland culture before the Renaissance and this contrast was also true for medicine, with the patronage of the chieftains sustaining the Beaton medical dynasty. Several Gaelic manuscripts survive<sup>14</sup>, which are translations from Arabic and Greek manuscripts; many of the Beatons were fluent in both Latin and Gaelic, but not in English, since they travelled directly to the European continent by boat, bypassing England, and thence to southern universities of Salerno, Padua and Montpellier. This was said to be true of John Beaton ‘an t-Ollamh Muileach’ (the Mull Doctor) who was interviewed by

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<sup>14</sup> See Mackinnon MSS Collection (1912), Library, Edinburgh University

Edward Lhuyd when he visited him in late eighteenth century (Campbell and Thompson 1963). The doctors would have had an honoured place at the chief's table, seated next to the bard, which would be significant in an age where visual symbolic status was respected and the skills and knowledge of medicine were passed from father to son. The Beatons were the dominant, although not the only family, to practise medicine under the tutelage of the clan chiefs; other named medical practitioners were the MacConnachers, also known as O'Connachers, in western Argyllshire and the Macleans in Skye. Thomson (1968) provides evidence of the role of the hereditary medical families as custodians of learning and old manuscripts. When many Highland chiefs began to move to the Lowlands with their families, for their education and social advancement, the influence and position of the Beatons may have waned and it is possible that in their absence the skills and knowledge of the folk curers increased, even though many oral traditions continued to pay handsome tributes to the Beaton skills (Mackinnon 1912; Dingwall 2003).

Much of the current information on the Beatons was initially gathered, researched and published by Bannerman (1998), particularly about the origins, genealogy and provenance of this famous group of hereditary doctors. Because of the close ties between Ireland and Scotland, which had been cultural, ethnic and linguistic since the fifth century (and possibly even earlier), it seems appropriate to comment on the state of Irish medicine in medieval times. The subject has been highlighted in *Irish Medical Men and Philosophers* (Shaw 1961) with several annotations taken from relevant manuscripts in the National Library of Ireland and Trinity College Dublin, especially those based on the collection made by Cambrensis Geraldus (c 1146-

1223).<sup>15</sup> The manuscripts are mostly in Irish Gaelic, having been translated from Latin by medical scribes who were part of a hierarchy of medical dynasties attached to the princely families scattered throughout Ireland. Some of their names have been recorded as O' Cassidy, O Callanan, Hickey and Lee (Shaw 1961; 92) Many of the illnesses and diseases in the eighth century had legal and financial implications for the patient and anyone who was implicated in causing any injury could be sued for large sums of money ( Shaw 1961: 89).

As noted previously, there are more Gaelic medieval manuscripts (Black 2005; Macdonald 1991; Mackinnon 1912; Mackay 1904), written by doctors, in Latin and Gaelic, than came from the quills of any other contemporary professional group. There may be several explanations for this, possibly relating to the doctors' education obtained from European universities. They may have realised the importance to their profession of helping to sustain and recover the health of their clan patrons by referral to the written records of the preferred approaches to diagnosis and treatment of diseases, as they were then understood. The manuscripts date back to the early thirteenth century to which were added several scripts until the early eighteenth century. They are several extant surnames from this period, including MacBethad (G: son of life), MacVegh, MacVeagh and more functional names, such as Mac-an-Leigh (son of the healer) and Mac-an-Ollamh (son of the master), as recorded for 'Ollamh legha Femanagh' (Bannermann 1998). Even though Ireland and Scotland were evolving their own separate identities from the early medieval period, they continued to share many cultural and social bonds; when Aoine of Kennaght married Angus, Lord of the Isles towards the end of the thirteenth

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<sup>15</sup> See Wright T.(1894) *The Historical Works of Giraldus Cambrensis*

century, it is recorded that in her ‘tocher’ a retinue of twenty men came with her to Islay, amongst whom there was one named MacBeth (MacDonald 1914). Subsequently an t-Ollamh Ileach (the Islay doctor) and an t-Ollamh Muileach (the Mull doctor) appear in several writings including the MacLagan Manuscripts (Mackay 1904). In due course, Beaton came to be the most popular name for most of the named doctors in the Western Islands of Scotland and on the adjacent mainland, though O’Conchobhair (or MacConnacher) persisted in Lorn, Argyllshire.

It was not only in the island domains that they were recognised for their professional status; in 1609 there is a charter issued by James VI to ‘Fergus MacBeath in his capacity as chief physician within the boundaries of the islands of Scotland’ (Bannerman 1998). The earliest recorded Beaton in Mull was Doctor James, who was given the name ‘an t-Ollamh Muileach’ (the Mull doctor), and this generic name was also given to his successors (Nicolson 1958). The transmission of the knowledge and methods of healing were jealously guarded and passed down from father to son in keeping with a strong belief in their value and efficacy. Bannerman has classified the Beatons as living either on the mainland of Scotland or in the islands, including Islay, Mull, Skye and the Uists, Outer Hebrides.

There are six references to the Beatons in the MacLagan Manuscripts, three of which are given below.

Mrs Macdonld recounted the following story based on a Skye Beaton.

There was at one time a famous doctor in Skye, whose name was Beaton, but he was generally known as Fearchar-an-leigh<sup>16</sup> (Farqhar the healer). He was said to have

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<sup>16</sup> See

extraordinary skill in his profession which he acquired through tasting the broth of the white serpent. When he was near his end, he communicated the secret of his skill to his son, charging him at the same time to guard it carefully, during his lifetime, and when would find himself near his end, to communicate it to his own son, or if he did not have an heir, to the next of kin. In this way it was handed down from father to son for several generations, until it fell into the hands of a Macbeth who had no son. His nearest relation was a man known as Coinneach-a-Mhinisteir (Kenneth, son of the minister). He invited Kenneth to accompany him one day to the top of a hill that he might transfer the secret to him his inherited knowledge of healing, but Coinneach, being young and timid, refused to go alone and asked if he might be able to bring a friend? To this Macbetha would not agree, so the meeting was never held and the highly regarded knowledge of healing was lost forever.

(MacLagan 2726)

Apart from the direct transmission of knowledge from father to son, there is an interesting account of how one of the Beatons came to acquire his healing skills, as heard by Miss Kerr from Duncan Turner, shoemaker, Port Charlotte, Islay. It was said that the ‘Islay Doctor’ (an t-Ollamh Ileach) in his youth, was at Gruline in Mull burning roots of herbs to make medicine when, by accident, he touched one of them and slightly burnt his fingers. Instinctively he put them in his mouth and immediately gained extraordinary insight into all manner of illnesses (MacLagan 0372–3). This story has the supernatural quality, often invoked, when it was necessary to give an explanation for the belief that some people had particular skills which could not be explained in a natural obvious manner; for many members of the medical profession as well as for individuals who were reputed to have the ‘gift of healing, it was customary for the healing approaches to be kept secret. In addition it was noted that there was an element of ‘specialisation’ in the application of their skills, such that

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Beith Mary (2000) Fearchar Lighiche and the Traditional methods of the North

one person would be able to heal eye diseases, another sprains and injuries of a superficial nature while a third member of the community might be a bone-setter (MacLagan 5752a).

The third Beaton story was sourced from Islay. Dr Beaton is remembered as having been physician to King James IV and was rewarded with tenure of land in Ballinaby, a site according to the doctor which grew the best herbs in Scotland at the time. Most of the Beatons' good reputation arose from their learning and attention to detail, but possibly also from their self-confident awareness of their status and their close linkage to the clan chiefs. There is one exception where a Beaton doctor was seen in another light, as in one account from Islay; it was believed that the doctor was responsible for 'bringing the plague to his patients' though the basis for this belief is not stated (MacLagan 5221a).

No description of health and disease in the islands of Scotland would be complete without giving credence to the accounts which Martin Martin (*c.*1658–1719) gave of his visit to the Outer Hebrides as detailed in *A Description of the Western Isles and St Kilda in 1695*. It is clear that, in addition to his descriptions of the lives of the islanders, he was keenly interested in health and disease and how they coped with a variety of illnesses. He was born at Bealach, Duntulm in Skye and was for a time tutor to the Macleods of Dunvegan. He then moved to Edinburgh, and it has been said that he came back to his native island following a suggestion by Sir Robert Sibbald<sup>17</sup> that he should visit the Hebrides and St Kilda. After he had completed his visit, he gained his medical training in Leiden, Holland and qualified as a doctor in

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<sup>17</sup> An Edinburgh doctor who was the first President of the Royal College of Physicians



1710. However, it is not known if he practised medicine afterwards in London before he died in 1719.

He noted that there was continuing respect paid to the oral transmission of ways of treating disease – and of some habits which gave protection against illness. ‘Tradition in the Highlands has been strikingly persistent on account of the remoteness and natural barriers’ (Martin 1695: 48). He was also aware that in an illiterate society, people were more influenced by their natural surroundings and the sounds and appearance of land and sea affected their modes of thinking

Included in the account of his visit to South Uist, there is an important note regarding a member of the Beaton family whom he met. ‘Fergus Beaton hath the following ancient Irish manuscripts in the Irish character; to wit, Avicenna, Averroes, Joanna de Vigo, Bernadus Gordonus, and several volumes of Hippocrates’ (Martin 1695: 155).

He has already used the term ‘Irish’ in describing the language of the natives of the Uists, but we may assume that in using this term, he is referring to Scottish Gaelic in which he was fully fluent.

Martin also provides a long list of medical conditions – their frequency, their nature and effect on patients and the variety of cures, both physical and herbal (Martin 1695: 223–233). His full description of the illiterate empiric, Neil Beaton is unique because there are no other contemporary accounts of the approach and techniques used by native healers which bear comparison. Although ‘He [Neil Beaton] treats a popular medical text of the time Riverius’s *Lilium Medicinae* ... with contempt’ (his

approach to the patient is described as follows: ‘He considers his patient’s constitution before any medicine is administered to them and he has formed such a system for curing diseases as serves for a rule to him upon all occasions of this nature’ (Martin 1695: 239).

The implication here is that he evaluated his patient’s health and physical status before giving any medicine and that he had a consistent approach to the management of diseases of a similar nature – both being general principles which are followed in current best medical practice.

The translation of *Regimen Sanitatis* by Dr Hugh Gillies (1911) is an important contribution to the knowledge which was gained from medieval texts, including some of which were highly regarded by the Beaton and their contemporaries; some of the subjects and recommendations for treatment can be traced back to Avicenna, Hippocrates and Galen. Gillies also contributed to the subjects of ‘Gaelic Concepts of Life and Death’ (1913) and to the ‘Gaelic Names of Diseases and Disease States’ (1899)

A much later text which is also relevant to the subject of the doctors in the Highlands and how their knowledge underpinned their practice, was written entirely in Gaelic by Dr Donald Black (1842–1911) a native of Argyllshire and a Glasgow graduate, who spent much of his working life in Poolewe, Ross-shire. His book *Eolas agus Seoladh airson Luchd-Euslainte (Information and Guidance for the Sick, 1877)*. As includes details of how illnesses should be managed. It was written for a lay readership, and emphasises the simple steps which should be taken in disease prevention, such as the necessity of having a clean dry home, personal cleanliness,

adequate rest and good eating routine – all sound concepts which may be found in many public health writings published subsequently. He was also aware of the need for experienced midwives in each community and how the expectant mother should remain as active as possible during the later stages of pregnancy, advice which was not commonly observed until much later in the twentieth century. There are brief items of advice for the patients should they suffer scalding or minor injury. Although it is a short text and is aimed at the general reader, the overriding impression is that of a doctor who had a sound understanding of the main features which contributed to general health and the need for people to be aware of how to pursue these aims.

There is another doctor who is frequently mentioned in the manuscripts: Dr Alexander Macleod (1812–1854) whose forbears came from Raasay, Isle of Skye. Born in North Uist, he graduated in medicine from Glasgow University and spent most of his working life in North Uist, Outer Hebrides, and in Skye. His biography was recounted by his grandson, who was a doctor working in Beverley, England (Macleod 1904). Dr Alexander Macleod was better known as *an Dotair Bàn* – ‘the Fair Doctor’ – on account of his hair colouring. He practised conventional medicine as he had learned it from his university education, but he also knew and was sympathetic to the traditional medicine which he would have seen from his childhood and when he lived in Balelone, North Uist, it was known that he kept a well-stocked herb garden. His reputation as a good doctor with a wide range of knowledge was often recounted up until the 1950s in both North Uist and Berneray; an example of his general advice to his patients follows.

*A mhuinntir Bheàrnaraigh mo ghràidh, cuimhnichibh an Dotair Bàn!*  
*Thoiribh an fhaochag as an tràigh, is deanamh càl de dheanntagan.*  
My beloved Berneray folk, remember the ‘Fair Doctor’!  
Gather whelks from the shore and make nettle<sup>19</sup> soup.  
(Writer’s translation)

When he was attending university, during his anatomical dissection of the cadaver, he was said to have discovered a vein that had never before been identified. In the account, it was said that this vein was named ‘the Fair Doctor’s Vein’ thereafter (MacLagan 8293a.1). After leaving North Uist, he returned to Skye and continued to care for patients near his home and those in the more distant areas. After attending a maternal confinement near Glenelg on the adjacent mainland and then returning home by night, he unfortunately fell down a cliff face and was killed.

There are several other accounts of diseases and healing in The New Statistical Account of 1845.<sup>20</sup> In some accounts, the details of the diseases are quite sparse and there is often scant mention of the doctors. Since much of the material from the manuscripts came from Argyllshire, special attention was given to the descriptions from this county. From Inveraray, two ministers, the Reverend Colin Smith and the Reverend Duncan Campbell, gave a combined list of the diseases which were commonly known to them:

Catarrh, haemoptysis, phthisis, rheumatism, diarrhoea, dyspepsia, dyspnoea, ophthalmia, inflammatory fevers gradually assuming a low nervous state, or more commonly a typhoid or putrid state, scrofula, suppression of urine, paralysis, dropsy, flow of blood to the head, with the

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<sup>19</sup> Nettles were noted many times in different areas to have tonic properties.

<sup>20</sup>NSA 1845. Much of the information was collected over several years before its publication. The range of subjects and the accuracy of the information is said to have improved from its predecessor in 1791.

phlegmasia<sup>21</sup> in general are the most common complaints among the inhabitants of the parish.

(NSA 1845 Vol. 7 :542)

No comments are offered on any remedies or health measures which may have been given for the alleviation of these symptoms. It is also not stated whether either minister was expected to see the patients with illnesses, as was common in many parts of the isolated areas of the Highlands. Another minister from Kildalton, Islay, Reverend Archibald MacTavish, expressed a commonly held opinion that the nature of the climate was thought to have a direct effect on the general health of his parishioners. ‘Colds, sore throats and the rheumatic complaints are all attributed to coldness of climate’ (NSA 1845 Vol.7 :661)

From the parish of North Uist in the Outer Hebrides, there is some information given on the vegetables eaten as part of their diet, such as wild spinach and carrot, while hemlock, foxglove, tussilago<sup>22</sup>, wild thyme and trefoil were used medicinally. The Reverend Finlay Macrae mentions that during his tenure ‘typhus, formerly so fatal, is now hardly known’.<sup>23</sup> He ascribes this to the improvement in the kind of houses which were built following the allocation of a new ‘lotting’ system in his island. (NSA 1845 Vol.14; 164)

In the context of the main theme of this thesis, it is proposed to give information on the sources which cast some light on the state of health and disease in the Highlands and Islands in the nineteenth century, when the accounts and descriptions in the manuscripts were collected. The official records gathered by the Scottish

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<sup>21</sup> Phlegmasia – a term used most often to describe inflammation or swelling of the lower limb.

<sup>22</sup> *Tussilago Farfara*, also known as Coltsfoot (Gaelic-gormag liath ), was a plant used in crushed form for coughs and asthma.

Government include yearly summaries of some basic health statistics collected by the official medical officers (*County of Inverness-shire: 8<sup>th</sup> Annual Report of the Health and Sanitary Conditions of the County* by Ogilvie Grant 1898). The above report from Inverness-shire included items of particular interest collected from doctors who lived in different districts for example, “the highest birth rates are in the Outer Islands, where the population is already congested and four deaths were noted to have occurred in Skye from typhus and one from typhoid” (p.46). However, an example of good health and longevity is also quoted ‘Angus Macleod, Snizort, Skye died aged 109; he could walk daily 6 miles each way from Eyre to Portree, until 18 months before he died’ (p.7) Some of the comments show that doctors often had an awareness of social and personal factors affecting birth and death rates. Dr MacDonald, Glenelg, comments on his neighbouring village, Kirkton”No marriages took place during the year, notwithstanding numerous batchelors, cheap crofts and security of tenure” (p.22)

By the middle of the century, the Highlands were increasingly being visited by many with a variety of interests, such as to view the different scenery, to experience the shooting of deer and wild fowl and also to satisfy their curiosity in the different, more ‘primitive’ society and culture, these experiences being captured in diaries and paintings.<sup>24</sup> It was also evident to many visitors that there was significant poverty and disease in the North of Scotland by comparison with many Lowland cities, which would not have been known to most doctors.

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<sup>24</sup> Halliwell, M. (1990) *Highland Landscapes; Paintings of Scotland in the 19<sup>th</sup> century*. Garamond London

The Poor Law was passed in England in 1834, and meant that there was now statutory provision for the care of the homeless and indigent; several years later in 1845, a similar statute became law in Scotland. For many years afterwards it was seen to have a more beneficial effect in the Lowlands than in the Highlands; from the preparatory investigation that was done before this law achieved legal status, it became evident that many patients in the Highlands were not receiving any standard treatment because of the scarcity of doctors in many areas; they often had to travel long distances to visit their patients and their remuneration was often meagre. This knowledge is thought to have been the impetus for the more formal survey which was initiated by the Royal College of Physicians of Edinburgh in 1851.

A Committee of Fellows was constituted with the sole purpose of obtaining more extensive and accurate information on the state of health in the Highlands and to identify the causes of inadequate provision of health care. The method adopted was to send separate questionnaires to the parish ministers for completion and a different one to the doctors and surgeons who were found to be practising in the Highlands. It was a method which was indeed ahead of its time in its planning and execution. One of the questions in the survey form read: ‘To what extent is the deficiency of qualified practitioners, made up by the efforts of other parties?’ Particular attention has been paid to the answers given in the hope that the entries would shed light on the alternative methods of healing then current. It took five years for the survey to be completed, but its collected results were then reviewed and summarised by the secretary of the committee. The responses received from the majority of respondents and a summary of the findings are kept in the Royal College of Physicians of Edinburgh, entitled *State of Medical Practice in the Highlands 1852*. (One of the

members of the Committee was Dr David Maclagan, surgeon, physician and grandfather to Dr Robert Craig Maclagan.)

It would seem highly relevant to detail and research any available information on the range and nature of diseases which have been documented by university-trained doctors in the Highlands and Islands of Scotland during the latter half of the nineteenth century, which to a considerable extent would be coterminous with the time when many of Maclagan's informants were living and experiencing various similar diseases to those mentioned in the above report. It is clear that the lay description of diseases will differ from those given by the medical profession, but two relevant points can be raised. Firstly, many of the diseases mentioned affected the surface of the body, for example, skin eruptions and superficial injuries, and it is likely that experienced local healers would, over a period of time, have gained knowledge of many minor illnesses and would be able to make a clinical diagnosis comparable in general accuracy to those made by doctors.

Secondly, although the survey had not itself been the subject of detailed examination, it has been acknowledged to be an outstanding corpus of collected knowledge on how both ministers and doctors were aware of the complexities and difficulties faced by individuals and corporate bodies in the provision of health care in the isolation of the Highlands and Islands (McCrae 2008). Many areas of the Highlands had been surveyed and the responses were collected from both clergy (152) and surgeons (53).

The first category to be examined was the responses supplied by the clergy to the College and from these it is possible to ascertain that they were aware of the difficulties faced by their medical colleagues in trying to cope with the demands of a



largely indigent population who were mostly unable to meet the costs of the doctors' fees. It is noted by the Reverend John Macleod from Morvern that, in the absence of the doctor, he was frequently asked to assist in the management of 'simple cases'. He tended to disparage the attendance of 'uneducated female attendants' at childbirth, while accepting that there was no alternative to their care. The potato famine in Scotland had occurred in 1845 and also drew attention to the heightened poverty, especially in those areas where there was population overcrowding, as in many of the Outer Hebrides. According to the minister in Barra, the Reverend H. Beaton, before 1845 there was no resident doctor. One of the questions in the questionnaire asked whether there were any 'complaints by people of the inadequacy of medical care?' The answer given by the minister sheds a particular insight into the influence held by the landowners, the tacksmen. 'No, nor can there be while the above hold their tack of land'. The 'above' were the resident tacksmen who were also the local doctors, Donald Nicholson and Donald MacGillivray! Because of the distances which doctors had to travel to see some of their patients, and their enforced absences, it was noted that medical assistance was sought and given by ministers, their wives and 'certain individuals in the community', 'who had special skills in bone-setting and drawing blood', as the occasion required. There is a reference to some available books<sup>25</sup> (for the literate) and 'simple' remedies were sometimes given to the sick by visitors. It was recommended by the minister from Loch Broom that it would be an advantage for patient care if any future doctors were able to speak the local language, Gaelic.

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<sup>25</sup> See Buchan (1846)

### ***Growth of modern medicine***

It is necessary to complement a description of the traditional medical cures practised in isolated and rural areas with an outline of the development of early scientific medicine which we regard as normal today and which, in an incremental manner, overtook and subsumed the healing practices which are found in the MacLagan Manuscripts. Many recent publications document the reasons and processes which were fundamental to the advancement of medicine in its application to the common diseases (Stirling 2002; Hamilton 2003; Dingwall et al. 2011).

The growth of the medical professions in Scotland was associated with the growth of the university medical schools and the constitution of the main bodies, the Colleges of Physicians and Surgeons in Glasgow and Edinburgh which are still extant and active in the twenty-first century. These bodies are said to have grown from the realisation of its members that the practice of medicine was unlikely to be effective for healing until the shared experiences of dealing with patients were exchanged in discussion or debate, and increasingly from the publishing of medical texts with an emphasis on observational deductive science in diagnosis and treatment. There were many medical and scientific discoveries which had a fundamental role in advancing the treatment of patients, including the use of smallpox vaccination, the discovery of anaesthetic gases and the importance of asepsis and antiseptics. Chloroform was discovered by an Edinburgh doctor, Sir James Y. Simpson, in 1848, and Lord Joseph Lister (1827-1912) is credited with noting the importance of asepsis while the availability and use of the microscope in the disciplines of bacteriology and pathology were major steps in the advancement of medicine. In 1858, the formally constituted

General Medical Council mandated that medicine could be practised in the UK only by university- and college-trained doctors.

The aim of this part chapter has been to place the items and descriptions of health and disease in the manuscripts collected from the Scottish Highlands in the overarching historical, social and geographical context of medicine as it emerged from the centres of learning in Europe, spread to Britain and Ireland and was understood and applied by doctors in the Highlands and Islands of Scotland. The role of healers in many communities, beliefs in the supernatural elements of disease and healing, as well as the use of herbal remedies, were also found in European countries and knowledge of their use and application in the Highlands is confirmed by close scrutiny of the manuscript contents. The main features of the latter subject have been kept alive mainly by oral intergenerational transmission but have also been noted and written by many contributors (Martin 1695; Buchan 1994; Lhuyd 1690) while much later, similar accounts had been collected for the Maclagan Manuscripts in the late nineteenth century. From the mid-twentieth century, numerous descriptions of healing and disease were recorded from different areas of Scotland and are stored in the Archives of the School of Scottish Studies, University of Edinburgh.

### **Dr. R.C. Maclagan; Biography**

Dr. Robert Craig followed his father and grandfather into the medical profession, a custom which was then common and remained so until the mid-twentieth century. (It has already been noted that many of the well-known Beaton doctors in Scotland had followed in their fathers' footsteps into medicine, their training being a long

apprenticeship within the family.) Most of the biographical details will relate to Robert Craig Maclagan, but since it is likely that his personality and interests were influenced by his close affinity to his father and grandfather, whose lives spanned three centuries,<sup>26</sup> some biographical details of their lives will also be noted. An attempt will be made to show why he developed such a keen interest in folklore collection and to assess his contribution to the collection of the manuscripts and his interpretation of the material as understood from his writings.

In the streets of the New Town where the three Maclagans had their homes (Coates Crescent, Heriot Row and George Street), the architectural similarity of the buildings was evident as the houses became desirable residences for the professional classes, enabling them to benefit from their social proximity to each other. In Old Edinburgh, with the historic High Street at its centre, there was rebuilding on an extensive scale, following a disastrous fire in 1824 in which many residents died. In the course of a few decades in the nineteenth century, it was noticeable that the city was attracting visitors from the rest of the United Kingdom, Europe, the overseas colonies and the United States of America. The young Queen Victoria paid her first visit to Edinburgh in 1842 and commented on the height of the tenements, an architectural feature then uncommon in most of England; at this time Robert Maclagan was a three-year-old child.

Further afield, the educated literate population in the United Kingdom and on the continent of Europe became interested in Scotland as a country with a distinct and separate cultural identity from England, largely from James Macpherson's Ossianic

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<sup>26</sup> David Maclagan was born in 1785 and his grandson, Robert Craig, died in 1919. All three Maclagans lived within a short distance of each other in the west end of Edinburgh

epic writings, *Fragments of Ancient Poetry* and *Fingal* and *Temora* (1762, 1763). Although his liberal translations of the Gaelic sagas were coloured by his romantic nuanced interpretation attracting criticism from such as Dr. Samuel Johnson, it did encourage many Scotsmen to look to the Highlands with a renewed sense of curiosity. For those aware of Gaelic language and traditions it encouraged them to delve into their own social and cultural heritage, to discover whether there were indeed genuine sources for Macpherson's oral narratives. J. M. W. Turner (1775–1851), by now an established artist, also visited Scotland to paint and record the background landscape against which the Ossianic heroes were reputed to have fought, their victories being subsequently celebrated by the bards. This interest was further amplified by the popularity of Robert Burns, whose Scottish provenance was unmistakeable and authentic in articulating the lives of many of his contemporaries, whether in agrarian Ayrshire or in literary Edinburgh. Sir Walter Scott's series of novels drew on the different oral traditions still alive in the Highlands, and many of his colourful portraits proved popular with his readers, although he exercised the selective prerogative of the novelist in his cultural interpretations of events and history. He was one of the prime organisers of George IV's visit to Edinburgh in 1822, the first by a reigning monarch since Charles II's reign. The king met some of the tartan-clad Highland chiefs invited for the special occasion; the visit was judged successful and reinforced the view that Edinburgh deserved the status of a capital city despite not having its own Parliament.

The Scottish literary scene was enhanced by the appearance of the *Second Edinburgh Review* in 1802, which promoted the current Whig policies, soon to be followed by its Tory rival, *Blackwood's Edinburgh Magazine*. Both stimulated political and

philosophical debate and controversy among their readers. In their wake came publishing houses, such as W. & R. Chambers, and printing and ink-making institutions, such as A. B. Fleming & Co. (1852–1983), of which Dr R. C. Maclagan became a Company Director, their offices being then sited in Leith.

In several of his writings, Dr Robert Craig Maclagan refers to his family as having come from Logierait, Perthshire, this being the birthplace of his great-grandfather, Robert Maclagan, who later in life had moved to Leith (see below). The family history of the Maclagans has been summarised by Doyle (2010), where it has been observed that subsequently several members of the family became prominent in the church, the civil service and the arts both in Scotland and England. Nevertheless, the major contribution which Robert Craig's collection had made to the ethnology, the social history, and the different traditions of the Highlands and Islands has hitherto not been the subject of scholarly research or publication, until a recent expository thesis on the material artefacts described in his manuscripts was produced (Douglas 2009).

### **Dr David Maclagan (1785–1865)**

It is now proposed to describe his family background and inheritance commencing with Robert Craig's grandfather, David. He is the first member of the Maclagan medical dynasty for whom we have sufficient documentary evidence to provide insights into the life of a Scottish doctor in the early nineteenth century. After attending school in Edinburgh and receiving his medical education at the University,

he graduated M.D. in 1805 and joined the Army in 1809 as an Assistant Surgeon. He soon found himself serving under the Duke of Wellington in the Peninsular War, and in recognition of his skill and diligence in caring for injured soldiers, he received the Peninsular Medal with six clasps for his distinguished service. On returning to Edinburgh, he practised initially as a surgeon and subsequently as a physician. By the time he came to the end of his working life, he was clearly regarded as a leading member of the profession and was the first doctor to hold the offices of President of the Royal College of Surgeons and of the Royal College of Physicians in sequence, as well as being the Queen's Surgeon in Scotland. He had married Jane Whiteside from Ayr and they had a family of six sons, the eldest of whom was Andrew Douglas, Robert Craig's father.

### **Sir Andrew Douglas MacLagan (1822-1900)**

He was born in Ayrshire and had the distinction of being baptised by the same minister<sup>27</sup> who had christened Robert Burns. After his education at the High School in Edinburgh, he became a doctor and, following his father's example, he also entered surgery. However, having decided that this was not his vocation, he began to teach medicine and toxicology in the University of Edinburgh. He was subsequently appointed to the Chair of Medical Jurisprudence in 1862 and received a knighthood in 1886. He held this appointment at the University until 1897, retiring at the age of 85! The following details of his personal and professional characteristics as a respected member of the Medical School have been noted.

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<sup>27</sup> Rev. Mr. William Dalrymple (1723-1814)

In his time, there was no retirement age for professors, and to see, even if you could not hear, this respectable old gentleman, well over 80 years of age, reading his timeworn lectures in the 'nineties, inspired a student with somewhat the same feeling that one would have experienced if one of the worthies of a bygone age had risen from the dead!

(Comrie 1932: 40)

In his earlier life he was a recognised wit, raconteur, and possessor of poetic talent, which is well displayed in *Nugae Canorae Medicae* or *Lays of the New Town Dispensary* (1864). He was active in Edinburgh social and literary circles and had been a friend of Sir Walter Scott. He married Elizabeth Thompson in 1836 and they had a family of two boys, David Philip and Robert Craig who both became doctors the later being the main collector whose interest in folklore led to the collection of the Maclagan Manuscripts.

### **Dr Robert Craig Maclagan (1839-1919)**

After attending the High School for his early education, Robert Craig matriculated at the University of Edinburgh as a medical student and graduated in 1860; both his father, Andrew Douglas, and his grandfather, David, were present at his graduation, and the three are photographed together at a later date (see Appendix 1). He also became a licentiate of the Royal College of Surgeons and his father as College President signed his final certificate of competence. He then continued to widen his medical horizons by visiting Berlin and Vienna universities. Before returning home, he made a detour into southern Austria to investigate the arsenic eaters of Styria, who were reputed to have the ability to tolerate unusually large doses of this element, consumed for its reputed aphrodisiac properties. He meticulously observed and documented the habits of the Austrian rural classes in their consumption, and this formed the basis of two subsequent publications, both published in the *Edinburgh*



*Medical and Surgical Journal* (see Appendix 2) which became the standard references on arsenic consumption till the end of the century.

These articles are of interest in that they show his careful, painstaking approach in attempting to solve the conflicting opinions on the effects of arsenic on the human body. The time which he spent among the rural communities in Austria may also have had some relevance to his later interest in collecting first-hand accounts of rural life on a variety of subjects, which led to the collection of the manuscripts named after him. It is likely that most of his work as a doctor in Edinburgh would have consisted of what we would now call office consultations and home visits; he is not on record as having been on the medical staffing list of the Royal Infirmary of Edinburgh. He did, however, have an active role in Edinburgh social and literary life, and was a member of the Royal Society of Edinburgh, the Round Club, the Royal Archers, the Society of Antiquaries, and in 1882 he joined the British Folklore Society.

In his obituary notice in the *British Medical Journal* (150719), it was noted that, ‘For a time he practised as a physician in Edinburgh, but of later years, his deafness, and his interest in many other matters, took him out of the ranks of medical men in active practice’. It is, however, possible that he had already developed an interest ‘in many other matters’, specifically oral traditions of Scotland, before the advent of his deafness since his first publication, *The Clan of the Bell of St Fillan*, appeared in 1879. The date of commencement of the Maclagan manuscript collection was 1893, at which time he was a member of the British Folklore Society, based in London. The background to the process of collecting the oral folklore found in the

manuscripts is covered in Chapter 3. We may assume that since he was a director of a printing and ink-making firm, A. B. Fleming & Co., he would also have had useful contacts with publishers. His interests outside medicine are mentioned in his obituary account ( see p.39):from the brevity of this statement, it might be thought that his role in the firm was of a fairly nominal nature with no active involvement in the daily business of the firm, but it is evident from the Minute Books of the Company (GD 431/1–4) and related Correspondence Files (1868–1925) held in the National Archives of Scotland, that this was not so: his name appears frequently in many of the manuscript and typescript items, from the time when he was a shareholder in 1868, and subsequent to the appearance of his name as Director of the firm in 1878. It is likely that it was through the influence of his uncle, Thomas J. Maclagan, secretary of the firm that he came to be associated with the company in the first instance. He had an early and continuing interest in the Volunteer Battalion of the Royal Scots and eventually was appointed Colonel; he was present with a Company of Honour at the Great Exhibition in Glasgow (1888). He was also one of the founder members of a group who championed the admission of women into the medical profession, the Scottish Association for the Medical Education of Women, formed in 1886 by Dr Elsie Inglis (1864-1917).

The description given above summarizes the available biographical information about Dr Maclagan's background, and although there are several quotations from his obituary notice<sup>28</sup> about his personal characteristics and qualities, these do not explain why he devoted so much of his time and effort to his collection of the oral traditions. It is quite curious that, so far as is known, he did not visit any of the places in the

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<sup>28</sup> BMJ;15July 1919

West Highlands where his collectors had worked diligently for him. The letters written by his collectors to him do give an impression of how they dealt with certain queries and questions, but since we have relatively few written by MacLagan himself, we are left with only a partial picture of their relationship. In *The Games and Diversions of Argyleshire* (1901) he did refer to the valuable assistance Miss Elspeth Kerr from Port Charlotte, Islay had given him, but he does not name the Reverend Neil Campbell who was an equally interested collector from Kilchrenan, North Argyllshire. It is of particular interest that he had corresponded with Alexander Carmichael regarding the games played in St Kilda; there is no indication that they had ever met, even though they both lived fairly near each other in Edinburgh and they had similar interests in folklore subjects. However, the tone of their correspondence on this subject does suggest that they did not agree on the manner in which certain games were played in the island of St Kilda (MacLagan 7073a.1: MacLagan 7092a.1)

His writings have been fairly prolific in different fields of Scottish interest (see Appendix for list of his publications), and in some areas of his writing it is quite difficult to follow his presentation of certain argued positions with reference to Celtic history and mythological beliefs. It is not known whether he had any editorial assistance with his publications; having been in the printing business for many years in Edinburgh, he probably had little difficulty in obtaining the services of a publisher.

An intriguing question which arises is how he was able to maintain an active working interest in his business, while looking after patients and coordinating the collection of folklore. So far as is known, he did not keep a diary, and the answer

must remain speculative. It is true that the demands of continuing care and responsibility for patients were much less than they became in the latter part of the twentieth century, and as a gentleman with financial security and household servants, he would have been free of domestic concerns and of the need to augment his earnings from his medical practice.

However, his contribution as an editor of the rich and diverse material which he received from all his collectors and which he carefully preserved for posterity, is a tribute to his deep interest in the subject of the oral traditions from the Highlands and Islands with his recognition that the collected material was an authentic portrayal of the lives and culture of the inhabitants in the late nineteenth century.

## Chapter 2

### The Maclagan Manuscripts

#### History of collection and current status

This chapter is an introductory description of the Maclagan Manuscripts, commencing with a résumé of the whole project from its instigation by the British Folklore Society, followed by an account of Dr Robert Craig Maclagan's central role in the initiation and supervision of the collection of folkloric items from selected areas of the Highlands and Islands. Using the information from the manuscripts, further details will be supplied on the vital roles played by the collectors and informants in the collection, transcription and translation of the orally derived accounts, and how their letters to Dr Maclagan illuminate their interests and understanding of the lives, traditions and customs of people whom they met. Following a description of the manuscripts to their completion in 1903 and how they have been preserved and stored, a section of this chapter gives a summary account of their nature and content, which includes a wide range of subjects relating to every aspect of contemporary life and culture. Examples are given of some subjects which are deserving of more detailed academic study, and there follows a brief résumé of how the Maclagan Manuscripts were used as primary source material by Dr Maclagan in his own writings (see Appendix), by others with similar interests and by writers in current publications such as *Tocher*<sup>29</sup>.

Although the focused objective of the thesis was to examine in detail the health, diseases and treatments as recorded, it was necessary to look in appropriate detail at

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<sup>29</sup> Regular journal produced by the School of Scottish Studies

the whole of the oral folklore collection, since it is evident that the items of health and disease were related to, and experienced against the background of, the whole of daily life in the second half<sup>30</sup> of the nineteenth century in the areas where the collections were made. Frequently the description of an illness and associated suffering was the definitive facet of a tale or legend, such as when the hero of a legend came to an untimely end because of injury or where a sorrowful maiden suffered heartache after being abandoned by her lover; both being well known universal descriptions found in many international folktales.<sup>31</sup>

When the contents of the Maclagan Manuscripts are researched, it is clear that their contents could be compared with other well-known manuscripts which are based on oral collections from the Highlands, such as those by Campbell, Carmichael and Dewar, previously listed. However, a major linguistic research initiative would be needed to complete this subject, since much of the content in the above collections has not been examined in detail as primary sources. Furthermore, in many researchers' writings (Rivers 1924; Good 2007; Lock and Nguyen 2010) there are frequent discursive references to the meaningful relationships of traditional medical practices with a variety of related disciplines which have been recognised and studied since the beginning of the twentieth century, such as early medical anthropology, ethnomedicine, herbal medicine, or alternative medical practices; and it is judged that a retrospective comparative perspective could be applied to all aspects of daily social life, customs and beliefs in the disclosure and interpretation of the Maclagan Manuscripts.

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<sup>30</sup>Most of the contributors to the manuscripts were adults and hence it is assumed that most of the contributed items can be sourced back to the middle of the nineteenth century.

<sup>31</sup> See Hans-Jurg Uther (2004)

After Dr Maclagan died in 1919, the manuscripts were all returned to the British Folklore Society, London, where they remained until 1971. When it was eventually recognised that virtually all the material related to Scottish subjects, copies were made and all the manuscripts were sent to the Archives of the School of Scottish Studies,<sup>32</sup> University of Edinburgh, where they remained on loan until they were given to the School Archives on a permanent basis in 2013.

The British Folklore Society was formed in 1878 as a result of increasing interest among many of the English literati in the acquisition of knowledge, customs and modes of living which were thought to be in danger of disappearing as industrialisation and urbanisation grew in the late nineteenth century, attracting many workers from rural areas to towns and cities. ‘Antiquarianism’ was a developing subject, inclusive of old beliefs and customs as well as an interest in material artefacts.<sup>33</sup> It has also been noted that many civil servants, when working in India and the Far East, had observed the distinctive features of overseas customs and habits, and on returning to Britain began to take a renewed interest in the older customs and practices which might still have survived in their own country.

There is a headed letter from the British Folklore Society dated 11 April 1893, which gives an indication of the motivation and the guidelines relevant to this major collecting enterprise. It had been sent to a number of people in England and Scotland with the stated aim of gathering folkloric items before these were lost forever. Hitherto, no specific letter has been found as giving Dr Maclagan’s response to the Folklore Society.

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<sup>32</sup> Now integrated within the Department of Celtic and Scottish Studies.

<sup>33</sup> Matthew Arnold (1822–1888) promoted cultural perceptions in *Culture and Anarchy* (1869).

## **Collectors**

We are unaware of the reasons why Dr MacLagan chose particular collectors as named in the manuscripts, and did not select others who might also have been willing to collect from other areas of the Highlands and Islands of Scotland. As we have noted throughout all the manuscripts and correspondence still extant, there is no mention that Dr MacLagan had ever visited any of the geographical sites where the collections of folklore took place; in this respect, his approach was different from that followed by Alexander Carmichael, John Francis Campbell and John Dewar, who were fluent speakers of Gaelic and much of whose traditional material came directly from the storytellers. As we have observed, there is no record that Dr MacLagan could speak the language even though it is evident from his translations and annotations that he had taught himself to read and understand Gaelic script.

Below there is cited a brief letter from the Reverend James MacMillan, Port Charlotte, Islay in which he indicates that he had delegated the collection of oral traditions to his niece, Miss Elspeth Kerr who is quoted as asking relevant questions about the procedure and details of the process.



(10)

F. C. Maule. Port-Charlotte  
Islay. 4<sup>th</sup> Sep. 1893

Sir,

I have handed your Circular  
about Folk-Lore, and relative papers  
to Miss Kerr here, who is willing to  
Collect a few sheets of such infor-  
-mation as you wish. You may  
send her a 1/2 dozen sheets, or so.

Assuming that the sheets to be used  
are similar to the Specimen one  
you have sent. She would be glad  
to know whether in filling them  
up, she is to write on both sides  
of the paper.

Yours very truly  
James Macmillan

P.S. Miss Kerr would also be glad  
to know whether the words Locality of  
Collection, at the bottom of the 2<sup>d</sup> page  
of Collector's Sheet, refer to where  
she herself resides, or to the district  
regarding which she gets her infor-  
-mation.

J. M.

Figure 1: Letter from the Reverend James MacMillan

(MacLagan 0010)

In Edinburgh, Dr MacLagan had medical and business commitments, and his main interests, as shown from his letters and manuscripts, were the ‘evil eye’ in belief and customs, popular games and pastimes, material objects, and dyeing of linen. Thus we are particularly dependent on the information gathered and transcribed by the collectors about the geographical areas where they lived, and about the inhabitants whom they knew and who gave the information – the core material of the manuscripts; many of the tales and descriptions are given as heard from friends and neighbours, although some items are recounted as gathered by the collectors themselves.

Hence the letters found in the manuscripts written by the collectors and responded to by Dr MacLagan often provide good information about the sources of collection, the value which the material was given by the collectors, their interpretation of the meaning and substance of the collection, and sometimes their comments on the nature of the communities in which they lived. Some responses of those who did reply to his initial letter of invitation are found in the manuscripts, and evidently there were a few who could not assist with collection. The Reverend J. F. Mackenzie (1844–1907) wrote from Gigha: ‘This a very small island, the people are industrious and trust more to work than to other means to earn their living. They are ready to adopt modern improvements in farming and fishing. Ancient lore is fast vanishing under the influence of steam, telegraph and utilitarianism’ (MacLagan 0034); hence, he did not feel he could contribute much to the collection. Another response from the Reverend Thomas D. Ball from Millport, Isle of Cumbrae, Bute, may also not have offered Dr MacLagan much encouragement: ‘I am afraid that this island is barren soil, as far as the subject of your enquiry is concerned; everybody lives for our summer

visitors ... this has imparted a Glasgow–Paisley flavor to the mode of life’ (MacLagan 0547).<sup>34</sup>

The collectors who did respond positively are listed in the Appendix with as much personal information as could be found. In the following paragraph, more details are given of two particular collectors because they made the greatest contribution to the manuscripts, and in their letters they offer valuable additional details about the informants and their background. These were Elspeth M. Kerr (1860–1940) already noted, and the Reverend Neil Campbell (1847–1904) from Kilchrenan, North Argyll. It can be noted at this stage that while Elspeth Kerr’s accounts are invariably written in a careful, detailed manner and legible script while those supplied by Neil Campbell are less clear, and sometimes accompanied by eclectic explanatory annotations; he occasionally uses his knowledge of Greek and Latin to give a particular interpretation to some of the accounts.

Miss Elspeth Mary Kerr was born in Campbeltown and lived for a considerable part of her adult life in Port Charlotte, Islay, while housekeeper to her uncle, the Reverend James MacMillan, minister of the United Reformed Church. In the same house there resided a maid, Anne Macleod<sup>35</sup> from Berneray, Harris, who recited several items of lore from her own early childhood. Elspeth Kerr contributed 1044 items, most of which came from Islay. She came to live in Edinburgh in 1911 and evidently maintained her interest in the collection of traditional folklore through her

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<sup>34</sup> He was Canon of the ‘Cathedral of the Isles’ from 1891 to 1913 (Personal information, Ian Orr, Cumbræ (250113).

<sup>35</sup> She was sometimes visited by her brothers Murdo, Allan and sister Kate Effie who are also noted as having given some of their own unique Hebridean recollections of the beliefs and customs experienced from their youth.

contacts and friends from the Highlands. There is an interesting account from a letter dated 17 September 1894, documenting some of her perspective on her work. It does seem likely that this description was a light-hearted attempt to review what had been done to date, and to plan which subjects were still needed to supplement the information already collected.

‘A Meeting of the Committee of the Port Charlotte Research Association was held. Sederunt. The Chairman’s Phantom (viz. Dr MacLagan) and Miss E M Kerr.’

She then lists the papers which had already been dispatched to Dr MacLagan; she wished to know in which shade of dyestuffs he was interested; she says that she has no proper person near enough to help; and she notes as given in sequence below, the topics which were lacking in her dispatches to date. The topics mentioned are music of the Gael, his social life or ‘The Crofter’s Wife’ and a marriage in Argyll and a Highland funeral; also, she lists the topic of games, played both inside and outside. She did later rectify these omissions, and many of the topics eventually appeared in Dr MacLagan’s publication *The Games and Diversions of Argyleshire* (MacLagan 0707).

The Reverend Neil Campbell (1847–1905) was born in Foss, Perthshire and spent most of his life as minister in Kilchrenan, Loch Awe, Argyll after his university education in St Andrews. His mother – whose maiden name was MacKerchar – was a native of Croftmoraig close to the road between Kenmore and Aberfeldy, which may be the reason why there are several folkloric items from Breadalbane and Kenmore in the manuscripts. It is also said that she ‘gave much lore to Lady Helen

Stewart Murray, daughter of the Duke of Atholl' (Gillies 1948).<sup>36</sup> In later life she lived in Kilchrenan with her son who remained unmarried. He collected several hundred items for Maclagan and frequently added his own meaning and interpretation to the collected items; one of the frequent contributors to his lore was John MacDonald, his gardener. In one of his letters, he writes that he hoped to visit Dr Maclagan in Edinburgh, but there are no details of their subsequent meeting, assuming it took place.

### **Contributors: informants and storytellers**

There are 162 people named in the manuscripts as having responded to the collector's requests and given their oral contributions on a variety of subjects;<sup>37</sup> however, there are many accounts where the name of the informant is not mentioned, and sometimes the descriptions have been given by one of the collectors. Sometimes the informant had requested anonymity, and this had been noted by the collector. From a general review of such details as are found at the beginning of the manuscripts, it does appear that many of the informants lived close to the domicile of the collector; sometimes the local reputation of the storyteller was the incentive for the collector's visit. The manner in which the collector and the informant conversed and related to each other must have been crucial to the content and description of the tale or account given. On several occasions, Elspeth Kerr and Neil Campbell preface their written account by saying, 'This account is given exactly as heard from [a

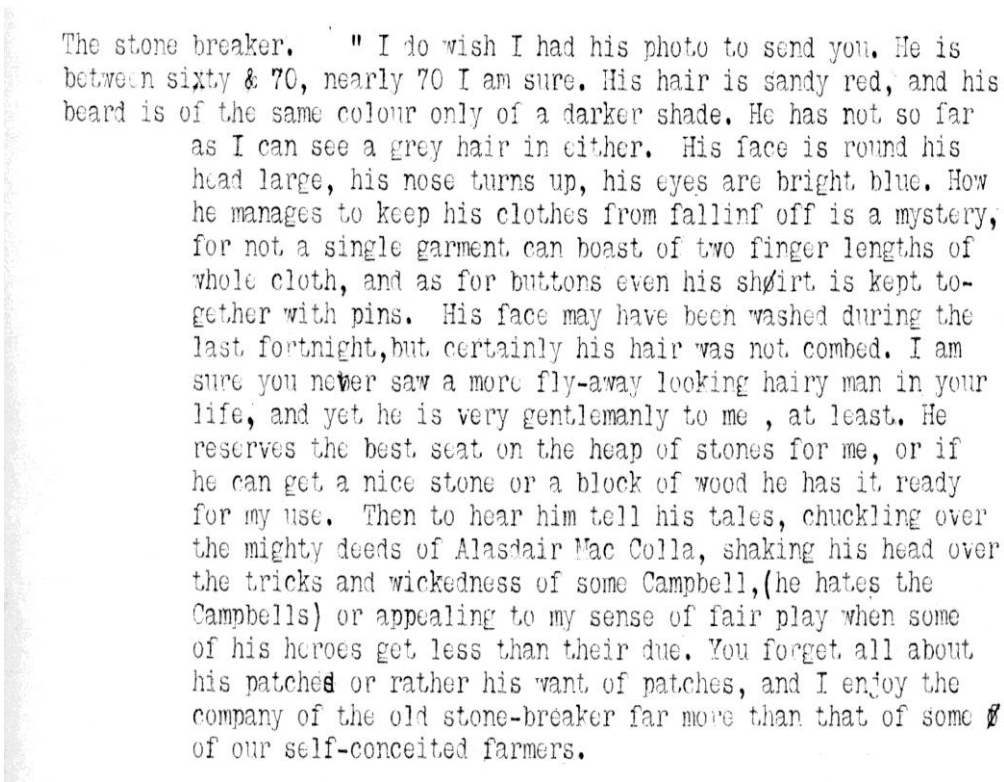
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<sup>36</sup> See (Robertson & Dilworth 2009)

<sup>37</sup> It is probable that this is not a precise figure since sometimes the informants' initials are used, which could be replicated for another individual; and some common surnames are repeated, such as Mrs Macdonald.

named person]’, thus emphasising their awareness of the value of veracity and authenticity in transmission of oral culture.

Seldom is there a physical description of any of the informants, or their manner in recounting their stories. However, this description given by Miss Kerr of one of her storytellers is both genuine and entertaining: and also provides an insight into how Miss Kerr viewed her contributors and the wider community.



The stone breaker. " I do wish I had his photo to send you. He is between sixty & 70, nearly 70 I am sure. His hair is sandy red, and his beard is of the same colour only of a darker shade. He has not so far as I can see a grey hair in either. His face is round his head large, his nose turns up, his eyes are bright blue. How he manages to keep his clothes from falling off is a mystery, for not a single garment can boast of two finger lengths of whole cloth, and as for buttons even his shirt is kept together with pins. His face may have been washed during the last fortnight, but certainly his hair was not combed. I am sure you never saw a more fly-away looking hairy man in your life, and yet he is very gentlemanly to me, at least. He reserves the best seat on the heap of stones for me, or if he can get a nice stone or a block of wood he has it ready for my use. Then to hear him tell his tales, chuckling over the mighty deeds of Alasdair Mac Colla, shaking his head over the tricks and wickedness of some Campbell, (he hates the Campbells) or appealing to my sense of fair play when some of his heroes get less than their due. You forget all about his patched or rather his want of patches, and I enjoy the company of the old stone-breaker far more than that of some of our self-conceited farmers.

**Figure 2: Miss Kerr's description of the stone breaker**

(MacLagan 3103)

## **Content and subjects in manuscripts**

There does not appear to be a logical sequence in which the following subject examples can be presented, and this would appear to be a true representation of the

random manner in which the collection was done; sometimes the collectors asked about specific subjects from the informants, but at other times, the stories and nature of the accounts were chosen by the informants. The range of topics within the manuscript is large<sup>38</sup> and a wide range of subjects based on every aspect of daily life includes beliefs and practices, superstitions, legends, songs and poetry, place name origins and local histories, descriptions of animals, food procurement, house building, fishing, seasonal work, games and pastimes with aspects of social life and entertainments. This chapter limits itself to a selection, chosen to illustrate the nature of different folkloric topics whose recollection by the narrators is itself indicative of the conscious and verbal prominence given to the beliefs and practices in their daily lives.

### **Superstitions and beliefs**

This category is probably the largest in the whole collection and appears in different forms as single anecdotes, as a sequel to longer stories, or as an integral part of a heroic tale; they are also found in place legends and are often linked to life accounts of particular individuals.

There is an account given of William Ross (1762–1791), the well known Skye bard who has been described as ‘the leading poet of love in the eighteenth century’ (Thomson 1994). In many accounts, he is described as having died of a ‘broken’ heart. A graphic Gaelic depiction of his suffering is found in the manuscripts after his lover<sup>39</sup> had left him and married a rich merchant in Liverpool:

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<sup>38</sup> See Mac-an Tuairnear (2007)

<sup>39</sup> This was said to be Mòr Ross from Stornoway (Thompson 1994).

*Agus leis cho brònach is a bha e chionn nach robh e 'ga faotainn, agus leis an gràdh laidir bha aige dhith, thainig da tholl mòr – aon anns gach taobh aige – agus bha na toill cho farsaing, 's gum faicte a chridhe, agus an gràdh leis an robh a' chridhe air sgàineadh.*

And because he was so grief-stricken because his love was not reciprocated, and because of the strength of his love for her, two large holes appeared in the sides of his body, through which his heart could be seen, and the unrequited love from which his heart was splitting.

(MacLagan 8255) (writer's translation<sup>40</sup>)

It is also added that sometime after he died, his former sweetheart heard a knock at the door of her house in Liverpool. On opening the door, she found his ghostly apparition on the doorstep; taking great fright, she dropped the candle from her hand on to her night dress which caught fire and she also died.

Belief in the fairy world was virtually universal in the areas of Argyll and the Inner Hebrides, as was also true for most areas of rural Scotland in the late nineteenth century.<sup>41</sup> The reasons why such beliefs were so strongly held may not be easily understood by members of a postmodern society of the twenty-first century whose thinking is influenced by empirical scientific logic and scepticism. However, the need for an explanation for inexplicable and unforeseen events still exists, particularly in many parts of the Third World, and may be verbally expressed in a variety of non-physical formats. When the accounts of fairy appearances are given in a 'second-hand' manner from an informant, it is possible to assign a highly developed visual imagination to the individual; however, in many of the examples from the manuscripts the first-hand accounts present a genuine sense of authenticity which merits closer scrutiny.

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<sup>40</sup> Provided only when English translation in manuscripts not given

<sup>41</sup> See Henderson, Lizanne and Cowan, E.J., (2001) *Scottish Fairy Belief; a History*



From the few accompanying examples mentioned below, the description of fairies and their interventions in human affairs are similar whether they came from Islay, Uist or Kintyre. Newborn children were regarded as being especially vulnerable to abduction by the fairies, such that the mother and her female friends would always be alert to this dangerous possibility at the infant's liminal time of entry into the natural world. Mrs Crawford, originally from Uist, regards the baby as being the prize in a singing competition open to the three fairies, their songs being apparently heard by the baby's mother (Maclagan 8041). It is not unusual for the conversation between the fairies and humans to be remembered and recorded in text (Maclagan 3041), and there are many instances where the disarming or clever response by a human could repulse the fairy's intention to steal or harm the baby. This may be regarded as yet another contemporary example of the Highlander's belief in the power of expressive language, especially when spoken in context. Christian baptism was always considered to diminish the likelihood of the child being taken from the mother. Such beliefs existed in a universal context, as a similar example from Iceland demonstrates (Maclagan 3343).

### **Local heroes**

The 'heroic' values remembered and revered in folk memory were often attributed to people who are still well known from local historical accounts; names, such as Bishop Carswell or Alasdair Colchitto, appear with descriptions of some of the events with which they were associated. Bishop Carswell (c1522–1572), who lived in Carnasserie Castle, Argyll, was the first person to provide a Gaelic translation of the Book of Common Prayer in 1567, an important contribution to the status of

Gaelic language in worship and religious scholarship. There are, however, some more prosaic descriptions of his person found in the manuscripts:

*Carsallach Mòr Chàrnsaraidh.*  
*Tha coig chart na chasan,*  
*Tha dhroll mar cruinnein na curra*  
*'Sa sgròban lom gionach farsaing.*  
Big Carswell from Carnassarie,  
His feet are five quarters large  
His rump like the circle of a curragh  
And his gizzard bare, avaricious and wide.  
(Maclagan 1063.b) (writer's translation)

Thus it appears that he was a large heavy man as the following account would appear to corroborate. After his death the coffin had to be carried a long distance for burial and one of the men who bore his coffin suffered a 'rupture' (hernia) from which he never recovered<sup>42</sup>. It is possible that this was a correct interpretation of the pall-bearer's complaint, since it is well known from medical history-taking that a patient may become aware of a hernia protuberance after lifting a heavy weight.

Alastair MacColla Macdonald, also known as Alastair Colchitto, was born in Coll, and was well known for his support of the Royalist cause in the seventeenth century, in the course of which he led many cattle raids in Campbell territory in Argyll<sup>43</sup>. It is said that on one such 'cattle-lifting', he took with him all the cattle except one cow who continued to bellow continually, mourning the loss of her newly born calf. This

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<sup>42</sup>

'Carswell, a giant physically as well as intellectually—his skeleton, unearthed towards the end of the nineteenth century, measured a full seven feet' Oxford Dictionary of National Biography

<sup>43</sup> See Stevenson, D. (1994) Highland Warrior; Alasdair MacColla and the Civil Wars

became the basis for a saying, still used in the late nineteenth century as applicable to an individual who was upset and ‘bellowed’ without remission: ‘*cosmhuil ri bo mhaol Achadh Beinn Cilmhartainn*’ ‘like the bald cow from Field of Ben Kilmartin’

MacLagan (0526a-0527b)

Other less well-known individuals were remembered as having great strength or stamina, at a time when the ability to walk or run long distances was highly prized. Considering the distances which had to be covered on foot and the difficulties of covering difficult terrain without any roads, it is not surprising that several men were recalled as outstanding in this respect. For example, Maothragan<sup>44</sup> Tighearna Cholla (Steward of the Laird of Coll), had a reputation for his great physical strength. On one occasion he was carrying an eight stone weight when he met a man ‘who was very good company’ but slow in walking. Maothragan offered to carry him on his back as well as his load, rather than lose his good company! (MacLagan 5466a.1) Another person who had similar walking ability was said to be ‘John of Lorne’ (no other details provided); commenting on the best boots for walking long distances, he is reputed to have said: ‘*Se na brogan is fhearr airson coiseachd, an fheadhainn a leigeas an t-uisge a steach ‘sa mach.*’ ‘The best shoes for walking are those which let the water in and out’ (MacLagan 2796).

### **Life and work**

There are many examples in the manuscripts of the working life and associated hardship experienced by both men and women, similar to that described in other Highland written and oral sources, and regarded as contributions to the fabric of local

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<sup>44</sup> This may have been a term of endearment used for a ‘maor’ – an officer or steward.

history and the creation of personal identity. The emphasis on self-reliance and the manner in which work was subsumed within daily living was a common perception in different time periods within a worldwide context. Work was not perceived as one type of activity taking precedence over another, nor was it a separate part of daily life but a lifestyle and a basis for identity within a community which recognised and accommodated personal skills and preferences.

Under the heading of ‘domestic economy’, Mrs Martin from Port Charlotte in Islay expressed her views on how times had changed from her own youth with reference to work attitudes. The translation given by Elspeth Kerr praises the self-sufficiency of men and women in their daily duties:

Of old when a rope was needed, they would make it from the straw or the heather, or the tow or the horse hair. The men would make the harness for the horses, the baskets and the creels. They would make everything belonging to the byre, the stable and the barn; and they would be there everything in its own place.

(Maclagan 5576)

In most of the Highland villages, the inhabitants would be aware of the need to note the passage of time – if only to match their time of working outside – through observation of the sun in daytime and the stars at night. Most of the people would not have access to watches or clocks. An unnamed contributor told Elspeth Kerr that ‘the Highlanders were keen observers of the heavenly bodies’. A Highlander, then still alive, says that he remembers when it was quite common to hear from someone at a ceilidh who had gone out to see the position of the stars, remarking on his return that it was ‘far on in the night’ or that it was ‘but early yet, for such and such a star was in

such and such a position'. The stars and their groupings were frequently named and their position noted as giving an indication of the time (Maclagan 5250a-5251a)

### **Place names and legends**

There was a practical awareness of the need to have a good knowledge of the main features of the surrounding landscape, in addition to noting the appearance of the sky, in order to predict the weather. Many place names were remembered because of their association with local legends, and knowledge of the local topographical features would give essential guidance in travelling from one place to another; a further essential piece of knowledge was to remember where the drinking wells were situated.

Many Scottish place names are derived from some prominent features in the landscape, or from their proximity to a loch or association with a renowned person from the past:

Salen Dubh Calum Chille is, according to a tradition of the place, the first place on the island (Mull) on which St. Columba stood, and Allt na Searmoin (sermon glen) in the neighbourhood has been called from the circumstances, as it is said, that the Saint preached there.

(Maclagan 6396b)

A more detailed description is supplied for the derivation of the following place name, being possibly indicative of an ingrained pride being a common characteristic in clan leadership.

Ard-a-Phobuill [The People's Height] is a Glendaruel place name and its origin is accounted for by local tradition, as follows. The laird of that place – Colin Campbell, or as he was called, Cailean Iongantach (curious Colin) – was at one time on a visit to O'Neul in Ireland and was greatly taken with the magnificence of the Irish chief. When leaving, he

invited O’Neul to visit him at Glendaruel. O’Neul accepted the invitation but Colin Iongantach did not know what to do, for he was a proud man, and was annoyed that his house was not so grand as the one he had been in in Ireland. What he did was this. The day that O’Neul was expected to arrive at Glendaruel, Colin put up a large tent on this height and sent down his servant to burn his castle which was at Garvie. By the time O’Neul was forward, the castle was uninhabitable and he had to submit to be entertained in the tent and every effort was made to leave the impression on his mind that the castle had been far grander than it had been.

(Maclagan 6400)

### **Gaelic content and register variation in oral traditional manuscripts**

Most of the manuscripts are composed of English transcriptions written from the oral contributions given by the storyteller; we have no record of the translation protocol followed by collectors, such as Elspeth Kerr or Neil Campbell, before they reveal their records. There are still a substantial number of accounts written in Gaelic, particularly from the contributions made by Maggie Macdonald, a native of Barra; although it may be reasonable to assume that the collectors made every effort to give an accurate transcription of what they heard, the degree of fidelity of the transcription to the original oral account may be impossible to assess. The lexical features of traditional narrative recordings have been described and measured by Lamb (2008: 179–180) in an innovative, detailed study of register variation, as part of a more comprehensive study inclusive of data from all other defined Gaelic corpora. Most of the traditional oral recordings came from the collected Archival recordings in the School of Scottish Studies, collected mainly from 1951 onwards. In recognising that many of the contributors in the early recordings would have learned their Gaelic at the beginning of the twentieth century and hence overlapped with the time frame when the Maclagan collection was made, it might be possible for a future

researcher to conduct an interesting pilot assessment of the linguistic register of the Gaelic content in the manuscripts.

It is not intended that this single chapter should provide a complete explanatory picture of all the contents and the subjects in the manuscripts, but it is thought to be essential to illustrate the range of material found in the manuscripts. Indeed, it is postulated that, in many instances, these manuscripts provide the only available primary accounts of the lives of sections of the Highland population from a particular place and time period. It is suggested that many of the various accounts could be used as important supplemental material in academic research focusing on specific places or customs and beliefs relating to different subjects.

## Chapter 3

### Pilot study; Methodology and Objectives of the thesis

#### Introduction

In setting out to study the material contained in the manuscripts it was judged appropriate to proceed to a ‘pilot study’ of the manuscripts in order to assess which subject should be selected as the most appropriate focus for the thesis, and also to choose the best research methodology to permit detailed examination and presentation of the selected topic. The terms of reference underpinning the methodology had to be accurately chosen and appropriate for the wider history, contents and structure of the Manuscripts, as these in turn are set against the background of similar and older manuscripts, also derived from oral traditions collected in the Highlands and Islands of Scotland. An informed approach to ‘The Methodology and Objectives of the Thesis’ from unpublished primary sources has been followed, as recommended by (Brooks 1969; Foley 1988; Harvey and Press 1996). It is essential to show where there are genuine limitations to the investigation and description of folkloric material and to approach each account as being subject to a range of possible interpretations. It is also important to note that the majority of the storytelling found in the manuscripts took place through the medium of Gaelic language, and hence the interpretation of the contents and description of many of the English translations had been ‘filtered’ through the collectors’ linguistic skills and knowledge of the particular oral registers found in the language<sup>46</sup>. The various headings under which the different items are placed receive individual explanation,

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<sup>46</sup> See MacDonald, D.A. (1981) ‘Gaelic Storytelling, Traditional’ in *A Companion to Scottish Culture* ed. D. Daiches.



without the adoption of current classification of diseases. The need to remain as close as possible to the nomenclature used by the storytellers in describing diseases and illnesses was also accepted – brief though much of it appears to be by comparison with the contemporary developing biomedical standards of the late nineteenth century.

The pilot study was done to test the validity of the choice of subjects from the manuscripts relating to health and disease, and to determine whether there was a sufficient number of accounts with a high quality of transcribed information, in keeping with the aims of academic study for thesis submission. It was also judged appropriate to choose a subject in which the writer had a high degree of personal interest, and to which I could contribute a degree of interrogative and analytical skill from my Hebridean background, knowledge of Gaelic language, and 37 years of practice in the medical profession. Furthermore, during a two-year period as surgeon in a hospital in Kurdistan, Iran (1973–1975), I became aware that some of the traditional healing methods, such as ‘cupping’<sup>47</sup> were used by patients before conventional medical assistance was sought and herbal medicines were widely available (Mati and de Baer 2011) thus signifying the international dimension of traditional medical beliefs and practices. One of the subsidiary incentives to investigation of the subject of the thesis came from the early realisation that one of the informants often interviewed by one of Dr Maclagan’s assiduous collectors, Miss

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<sup>47</sup> This refers to the application of a heated hollow object to the patient’s skin to relieve pain. See also Cheape ROSC 10; 135-139 (1996-97)

Elspeth M. Kerr, was my paternal grandmother, Anne Turner (nee Macleod, 1872–1934), originally from the island of Berneray, North Uist.<sup>48</sup>

Although their available biographical details are scanty, there is no doubt that Elspeth Kerr (1860–1940) then resident in Islay and the Reverend Neil Campbell (1850–1905) from Kilchrenan, Argyll, were the main collectors to whom Dr MacLagan owed a great deal for their diligent collection and transcription of oral traditions. Most of the material collected by Elspeth Kerr came from Islay, but there were also many items gathered from individuals who were temporary seasonal workers from the islands of the Outer Hebrides; she also collected in Ross-shire and Inverness-shire, and continued her interest in folklore through her Highland contacts when she came to live in Edinburgh, where she is recorded as living in the 1911 Census.

Following consultation with the Department of Information Technology, University of Edinburgh, with Dr Cathlin MacAulay, Archivist in the School of Scottish Studies, and Dr Julius Ruiz, Department of Hispanic Studies, I therefore chose to use the Microsoft Access database as a format into which all the MacLagan transcriptions could be entered under distinct separate headings in summary format. It then became possible to access different subjects by ‘keyword’ entry, a well-established method of textual mining (<http://www.jisc.ac.uk/publications/reports/2012/value-and-benefits-of-text-mining.aspx> [accessed 020112]. Most of the items from the manuscripts were subsequently entered into the Access database by Miss Caroline

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<sup>48</sup> Up till 1971 when the Western Isles Council was formed, Berneray had always been associated with Harris on account of its ownership up till the eighteenth century by the Macleods of Harris and Berneray.

Milligan, Research Assistant, with review of the Gaelic content by the writer. From this preliminary search it was then possible to examine photocopies of the original manuscript entries for content and meaning.

After scrutiny of all the photocopies of the manuscripts, I selected a pilot study by focusing on all the entries which had been collected under the name of Miss Elspeth Kerr and assessed closely to what extent the items from her collection were analogous and comparable, both in thematic content and range of subjects, to the larger database of all the items in the manuscripts. Her collected material was then read closely, with particular attention being given to each subject for the content, details of the available transcribed material, the language expressions and meanings used by the collector, and also to detect whether a chosen subject included sufficient narrative detail. Her insistence – on more than one occasion – that her account ‘is reproduced as nearly as possible, just as it was spoken by an old Islay woman’ was often repeated (Maclagan 4908). In this respect she was following the example recommended by her distinguished predecessors, John Francis Campbell and Alexander Carmichael which has subsequently facilitated the examination and research of different subjects from their collections (MacInnes 2006; Stiubhart 2008).

In her collected material there were many examples across the whole range of traditional material including legends, sagas, poetry, accounts of domestic life, local historical events, personal anecdote, place name derivations, many descriptions of the ‘evil eye’, and common superstitions – and many descriptions of illness and healing, the use of charms, and beliefs and practices associated with life-cycle events from birth to death. After careful consideration of all the material collected by

Elspeth Kerr, I decided to focus my attention on the accounts of disease, illnesses and treatments recorded in the manuscripts.

I then proceeded to search the separate coded items (10,034) in all the manuscripts for all the individual accounts on beliefs and practices relating to illness, diseases and healing, while paying special attention to the sources of the information, their descriptive narrative content, and scope for further analysis and research. In the manuscripts, there seems to be a tendency for different descriptions of similar medical complaints or conditions to follow each other in sequence, possibly as a result of the guidance to the informant offered by the collector, or possibly arising from the storyteller's own experience and thoughts on the subject.

### **Methodology and objectives of thesis**

I was also now aware that there were 593 items where health topics formed the dominant feature in the descriptions. Most of the items were collected between 1892 and 1903, but there are also occasional tales and anecdotes from a later date when Elspeth Kerr came to live in Edinburgh. As had been her practice in Islay, she continued to gather and record all she could learn from other Highlanders in the city about their earlier life and recollections, including those relating to health and disease.

The logical sequence to the selection of the above subject was to pose certain questions, with a view to ascertaining whether more detailed contextual examination of the manuscripts was likely to provide adequate answers to specific questions and would shed more light on patients' personal experiences of health and disease in all

their different manifestations, as well as the choices available and the possible effects of various treatments.

Hence the following core questions were chosen as template items to determine whether the content of the manuscripts could satisfy the requirements for rigorous qualitative research in relation to the subject of the thesis.

**Is the research likely to expand, amplify and deepen knowledge of the customs, beliefs and practices relating to health and disease in the Highlands and Islands of Scotland in the second half of the nineteenth century?**

This is judged to be the main pivotal question which was revisited at every stage of research of the primary manuscript collection and also when an attempt was made to answer the secondary questions , as stated below.

**How does the examined information and its interpretation relate to other contemporary sources and descriptions of health and disease from the same geographical areas as those from which the Maclagan Manuscripts were sourced?**

Although the subject can be classified as being within the field of ethnomedicine in modern terminology, I judged that it would also be possible, from my preliminary survey, to gain insights into the ways in which the university-trained doctors practising in the same places related to the medical beliefs and practices of the local inhabitants, and to obtain some knowledge of how they regarded the traditional healers and their customs of healing. One valuable textual source providing some information about the practice of medicine and the difficulties faced by doctors in the Highlands and Islands of Scotland is the 1852 Report from the Royal College of Physicians of Edinburgh, derived from a questionnaire-based survey completed by ministers of religion and doctors from the Highlands and Islands.

This final question relates to the detailed examination and analytical interpretation of the ‘health and disease contents’ of the manuscripts namely,

**Would such research facilitate the construction of a fuller picture of the social and cultural life of the inhabitants from different communities, while noting the unique and changing Highland cultural environment of the late nineteenth century?**

While it is recognised that the individual and group experience of health, disease and suffering would have been an important part of the history of local villages and communities, it is accepted that there would have been many more social occurrences and events contributing to a more complete historical picture.

In order to answer the above questions, it was necessary to devise, plan and adopt a tri-partite approach to the data found in the manuscripts against the background of the rich variety of descriptions of the beliefs, work and customs found in the manuscripts.

As noted previously in this chapter, a fundamental start to the planned research was the entry of all the separate items into a prepared Microsoft Access database as the initial phase of investigation; this was followed by repeated textual mining and keyword search to check whether all the items in the manuscripts could be readily accessed in a consistent reproducible manner. Once all items relating to a particular subject were found, the photocopies of the manuscripts were accessed and read, and if further clarification was necessary because of indistinct script, the original manuscripts were examined. The use of an Access database search has been

shown in several areas of textual study to be a valuable tool in expanding and confirming the scope and limits of a particular subject.<sup>49</sup>

Secondly, it was obviously germane to the subject of the thesis to explore the Archives of the School of Scottish Studies in the University of Edinburgh. The Archives consist of a unique volume of oral traditional material relating to many diverse subjects within the field of ethnology, including health and disease. These have been recorded, classified under selected headings and stored since 1953. From its inception, the continuing ethos has always been the acquisition of genuine first-hand accounts of all aspects of oral traditional culture from many regions in Scotland and from Scottish emigrants in countries, such as Australia and Canada.

The number of items in the Archives relating to the subject of this thesis was found to be 274 from the database of sound recordings but the number of manuscript and printed sources was much larger. It is clear that references to health and disease, their presentation, effects, and links to belief systems, could be found under other headings in the Archives, such as the use of charms or belief in witchcraft, and they may also be a component of many legends, such as when illness, affliction and death feature in the recorded oral narratives. A subject of particular relevance to this thesis includes the headings under which items were classified in the primary Archival Listing.

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<sup>49</sup> The writer is grateful to Dr Julius Ruiz, Department of Hispanic Studies, University of Edinburgh for demonstrating the application of Microsoft Access database in the production of his text in *Franco's Justice; repression in Madrid after the Spanish Civil War*, 2005 Clarendon Press, Oxford.

## **Disease and Illness classification in Archives of School of Scottish Studies**

**Cures** – rational and magical

**Healers** – no special powers

**Causes of illness** - Prophylaxis; Diagnosis; Rational care of the sick ;Bleeding; Insanity; Visible wounds

Considerable overlap exists in many of the above categories, with several subjects being classified under different headings, as is also found in the Maclagan Manuscripts. The ‘trigger’ for the main subject heading classification seems to be linked to the early part of the account which the informant gives to his collector; or alternatively, it may be derived from the most dominant theme expressed within the anecdote or general description. The subject of nosology, its historical development and possible relevance to the subject of this thesis, has been referred to in the introductory chapter.

Leading on directly from the three questions relating to the methods of interrogation of the accounts of health and disease in the manuscripts, a question which inevitably arises is the accuracy of the diagnosis in a fairly simple clinical setting, where there was no possibility of blood testing or confirmatory radiological imaging, such as is normal in current medical practice. Without specific details of the diagnostic criteria or the logic employed by practitioners of folk medicine, it is indeed impossible to give an opinion on the accuracy of the suggested diagnosis, especially in the complex setting of many underlying pathological states. However, this consideration of uncertainty might not apply to more easily recognisable skin conditions, such as warts, cuts of the skin, or tissue injuries and bone fracture.



A single illustration of the method of approach to healing of skin warts follows. The application of washing soda, or ‘the placement of several straws under a stone in the person’s name’, could be done with the expectation of cure; however, it is well known in this century that warts, being derived from viral infection, can spontaneously disappear, and such an outcome would add to the reputation of efficacy for a particular cure, whatever its nature. Although the number and choice of treatments for different conditions does vary, it is inconceivable that there would not have been some attempt to relate the symptoms to some belief in the nature of underlying disease, before the recommendation of a particular mode of treatment – and this question was borne in mind while reading all the relevant material. A brief explanatory description of each named condition will be given, both as understood in the late nineteenth century, and in current biomedical terms. Further examination was made of each item of illness and disease from which it was possible to obtain some insight into the manner in which the inhabitants of the late nineteenth century understood their complaints and diseases, and this also gave an indication of the likelihood of alternative diagnoses with similar presentation. Comments will be made on the probability of the occurrence of spontaneous healing, possible placebo effect of treatment(s), and the likely effects on the patient of either a satisfactory outcome or disease progression.

Each named condition from the manuscripts were placed in the undernoted categories which are judged to have some relationship to the manner in which they were first experienced by the patient, or to the external anatomical site of the body from which the patient’s complaint had arisen when assessed by the attendant healer.

## **Disease and illness classification in the Manuscripts**

**Head and neck:** headaches, toothache, earache, eye complaints, sore throat, fallen uvula, neck swellings.

**Chest-based complaints:** coughs, shortness of breath, pneumonia, tuberculosis.

**Internal body complaints:** colic, jaundice, stomach pains, vomiting, renal complaints.

**Fevers and infections:** typhoid, cholera, diarrhoea, dysentery, smallpox, measles, whooping cough, mumps, plague.

**Muscle and bone complaints:** backache, rickets, injuries, fractures.

**Skin complaints:** ringworm, scrofula, birthmarks, cuts, bruises, sprains, burns and scalding.

**Diseases of the mind:** epilepsy, insanity.

**Miscellaneous conditions:** In this category are placed descriptions of complaints, diseases and treatments which cannot be easily placed in any of the aforementioned categories. These include control of bleeding following injury, bloodletting as therapy, shock treatment, hiccups, and yawning.

It is evident from many of the descriptions given that some subjects can be found in different disease groups, and that often there is overlapping of the descriptive terminology. This aspect can also be found in modern biomedical practice, and is a reflection of both general and specific manifestations of the underlying tissue pathology and its stage of development or regression.

## **Treatment categories**

All named herbal preparations and animal products recorded for healing purposes were annotated with both Linnaean botanical and Gaelic names (Darwin 2008; Clarke & Macdonald 1999; Clyne 1989). The suggested uses for each item were recorded as well as any comments on their efficacy given by the informant. If there are any unusual recommendations for an individual plant, this was noted, as well as their general availability. The use of each plant was placed in the context of current ethnobotanical knowledge with specific reference to any plant constituents which were thought to have some measure of therapeutic efficacy. Herbalism, in concept and practice, is said to be widely used and it has been commented that ‘the massive increase in public acceptance of herbal medicine is evidenced by high levels of utilisation of products and practitioners, and this trend has been documented in Australia over the last decade’ (Evans 2008). It is also a subject which continues to undergo research in the USA and Europe where there is a continuing hope that both chemical and biological constituents can be found which may have a healing effect in many incurable diseases.

Accounts of physical healing interventions are relatively small in number but include bone fracture manipulation, massage and bloodletting. All examples will be noted, with descriptions of the techniques used, the indications for use, and any recorded comments of benefit to the patient.

Charms and incantations<sup>50</sup> form a considerable proportion of the methods embraced in healing, along with an emphasis on the power and practice of positive verbalisation from a respected healer (Wolf-Knuts 2009). Often these were used in conjunction with other remedies, such as herbal medicines, or physical manipulation. Such items will be noted and discussed.

The topics of healing relating to material objects, such as amulets, and visits to healing wells, were common for a variety of diseases. These subjects will be listed in sequential manner and placed in the context of other alternative descriptions.

There are several references to food, its preparation and its value in promoting health; it constitutes a small but important category in the context of the perceptions held by many people with reference to the functioning of the human body at the end of the nineteenth century.

Although the thematic focus of the thesis relates to human diseases, brief examples of healing in animals are also found in the manuscripts and these will also be noted. These accounts are thought to reflect the common dependency on cattle for milk, milk products and meat in season, and the similarities in diseases which were believed to be shared by humans and animals.

Careful examination of all the items in the manuscripts where reference is made to diseases and healing have made clear that a reproducible form of scrutiny had to be adopted in order to maximise the data collection and its collective interpretation as a corpus of material relevant to the chosen subject. It is clear that retrospective analysis

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<sup>50</sup> These can be described as repetitive verbal rituals performed by a respected person to give a measure of relief in crisis situations, including illness.

of the individual descriptions differs widely from what might be possible in contemporary ethnomedical research, where structured interviews were used to collect information on the same subject. The group headings shown above were chosen in order to show the similarities and differences in diseases and treatments of the named conditions, while avoiding the errors of over-interpretation from the application of current biomedical knowledge: the findings are included in Chapters 4, 5 and 6. Chapter 7 – The life cycle of health and disease – has particular relevance to the collective human experience of illness, which in the nineteenth century, just as at all times since that time, needs to be understood as part of the wider fabric of the daily experience of life.

## **Chapter 4**

**Introduction; Nosology and Folk Medicine; Manuscript classification of disease; Pain-experience and treatment; Anatomical listing of diseases and treatments; Animal Illnesses and treatments; Food, Health and Eating Customs; Summary and Conclusions.**

### **Introduction**

In this chapter it is intended to give descriptions of the diseases found in the manuscripts exactly as they were transcribed in the late nineteenth century. This has been done in order to retain the authenticity of the descriptions of illnesses and the manner in which diseases and treatments affected patients from Argyll and several other places in the Highlands and Islands of Scotland from which the collections were sourced. A provisional outline classification of all the conditions mentioned has been made in order to see whether there are similarities and differences in the approaches to, and naming of, treatments and diseases in the different groupings. Afterwards, there are sample descriptions of all the medical conditions from the Maclagan transcriptions with accompanying contextual interpretation and particular emphasis given to their unique ethnographic cultural background. The latter part of this chapter focuses on traditional healers and doctors, their perceptions of each other in their roles of treating patients and how each group was regarded by patients and their families; the final section of this chapter is devoted to the descriptions of animal diseases and the application of cures for their healing.

In the descriptive methodology section of Chapter 4, the basis of the selection of the subjects and topics from the manuscripts relating to health and disease has been

described as being derived from the field of traditional folklore medicine. In a European context, the most significant detailed approaches to folk medicine are derived from important Scandinavian publications, several of which followed an Inter-Nordic Symposium on Folk Medicine (Tilhagen 1962). The subjects presented at the meeting included. ‘Rational Folk Medicine’ (Bo 1962–1963); ‘On the Effectivity of Folk Medicine’ (Honko 1962–1963); ‘The Healing Methods of the Lapps (Hultkranz 1961); and also ‘Material and Research Methods within Folk-Medicine’ (Tilhagen 1962–1963). The most extensive recent publication on folk medicine, also based on Scandinavian sources, is noted in a review<sup>51</sup> of the dissertation by Ella Piela, *The Meanings of Folk Healing as narrated in Northern Karelia in the 19<sup>th</sup> and 20<sup>th</sup> centuries* (2010). The author spent 27 years in completion of this major work; it was based on the Folklore Archive Folk-medicine Card Index of 100,000 records of human and animal illnesses gathered up to 1955, and includes the narratives of healers and their cures (Piela 2010). This descriptive thesis is considered to be relevant to the current thesis based on the MacLagan Manuscripts which also includes oral and documented accounts on comparable subjects of health, disease and healing in the late nineteenth century and early twentieth century.

Close consideration of Northern American experience of folklore medicine can be found in *The Nature of Healing as a Folk Event* (Santino 1985) while related descriptions of the same subject can be found in Yoder (1972) ‘ Hand 1965 ; Hand 1971-1973) . There are no similar theses, writings or publications which deal comprehensively with Scottish Highland experience of folk medicine in the

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<sup>51</sup> It was written in Finnish but an English version is not yet available.

nineteenth century, although there are several contributions to individual aspects of disease and healing (Allen and Hatfield 2004; Roper 2004; Beith 1995; Buchan 1994) in more restricted contexts. The last named author's *Folklore in Scotland* (1994) is wholly based on the experiences of Dr David Rorie (1867–1946), a general practitioner who, while working in Fife and Aberdeenshire, developed an insightful interest in folk medicine about which he subsequently lectured and wrote extensively. In 1908 he was awarded M.D. by the University of Edinburgh for his thesis on Scottish folk medicine. His descriptions of some of the 'simples' and herbal remedies used by his patients are often similar to those appearing in the Maclagan Manuscripts, one explanation being that common plants, such as chickweed, nettles and dandelions, were readily available in many different parts of Scotland and their application in the treatment of several common diseases would have been part of general knowledge in each community.

In the twenty-first century, there are several avenues by which earlier descriptions of folk healing can be linked to current typologies under modern subject-headings, such as ethnomedicine, ethnobiology and medical anthropology (Winkelman 2009; Morley 1978; Fabrega 1999). However, it would clearly not be appropriate to seek to compare, interpret or evaluate all the collected material on health, diseases and treatments from the Maclagan Manuscripts by modern biomedical scientific criteria, except in specific areas, such as when named herbal medicines from the manuscripts have been subjected to detailed modern scientific research; some have been shown to have beneficial therapeutic effects in the treatment of diseases. The subject of herbal preparations and their applications is discussed in detail in Chapter 6.



Comparisons between historical and modern approaches to healing can be addressed in different ways, as shown in the writing by Honko ‘On the Effectivity of Folk-Medicine’ (1962–1963) and ‘Folk Medicine and Healthcare Systems’(1982). It is not only the methods of healing which distinguish primitive medicine from that of modern times. He states that there is a very great difference in actual attitude to the problem: ‘both the concept of disease and the aim of the healing-ritual takes quite a different form in primitive society than in modern scientific thinking’ (Honko 1962: 290). The central role of oral transmission in folk medicine differed radically from modern biomedicine which expanded progressively from the deductive and clinical observational research which focused on the patient and the expectation that the subsequent publication of the clinical findings led to progression of medical practice[. The contrast between the two forms of healing intervention in the latter half of the nineteenth century has been stated: ‘The notion of transmission and tradition associated with it; the intervention of oral culture and finally the marginalised situation of oral culture, being dominated by its relations with learned or official medicine’ (Loux 1993). Furthermore, some of the difficulties inherent in retrospective analysis of historical and oral traditional descriptions of disease have already been addressed (Morley 1978); in discussing the diagnosis of diseases in a historical context, Morley refers to the complexities inherent in such an approach, including the meanings attached to medical terms and the possibility of non-specificity in nomenclature.

Although it was my early intention to describe and analyse all the accounts of disease presentations and symptoms in a separate category from the treatment recommendations, it soon became obvious that the two categories are so closely

linked in the manuscripts, that it was judged to be more logical to discuss these topics together in sequence; also, many of the descriptions of illness are brief anecdotes with scanty explanatory details and thus, as individual descriptive items, they ought not to be subjected to over-interpretation or contextual analysis as a single item.

Hence in this chapter, all the diseases are described as they were written by the collectors and so it is pertinent to pose several questions as to the manner in which the various conditions were described, such as whether the collectors' knowledge and interest in diseases had an influence on the nomenclature used by them; whether it is possible to ascertain how much of the manuscript material was initially heard in Gaelic before being translated into English, and whether it is possible to evaluate the contextual accuracy of the medical terms used. There are certainly many Gaelic descriptions of diseases and treatments which have been translated, but the majority are in English without the initial Gaelic accounts. The collectors' main objective seems to have been to send all the material to Dr Maclagan for his consideration and interpretation, presumably since they knew that he was an experienced doctor as well as a folklorist. Fewer of his letters are found in the manuscripts than those written by his informants, since presumably most of his collectors did not preserve his letters.<sup>52</sup> Several popular medical books and pamphlets dealing with illnesses were known to the literate public in the late nineteenth century, such as *Family Medicine* (Black 1909), and since it is quite possible that some of the collectors would have been

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<sup>52</sup> It does seem likely that his knowledge of Gaelic was largely derived from written sources and sometimes his comments and questions reveal his unfamiliarity with the language. It is not recorded in any of the letters or manuscripts that he was able to converse in the language.

aware of their existence and contents, this may have influenced their transcription of the oral accounts gained from the Gaelic-speaking informants.

Therefore, for the better presentation of the material in this chapter, a compromise solution has been sought by adopting a classification system which gives full credence to the descriptive terms which are central to each individual description of disease, while simultaneously placing them within a broad framework which is based partly on the anatomical site of the complaint and on the postulated relationship which the diseases had with the named part of the body. As noted previously in Chapter 1, this concept has its origin in modern biomedical classification systems, which had evolved gradually from medieval medical practices (Porter 1997). Apart from the perceived historiographical logic of this approach, it will permit examination and comparison of the more closely related descriptions in the Maclagan Manuscripts. It is likely that all localised skin lesions, such as styes, abscesses, warts, ringworm, would have been seen as having arisen from the skin and hence it is likely that the recommendations for individual treatment might be expected to have a broad similarity, and they are placed together under the same sub-grouping. (A modern medical caveat would be that many systemic diseases may also initially present with skin lesions – for example infections, such as measles.) It would also seem logical to regard another group of complaints as suitable for inclusion in a separate category, for example musculo-skeletal, where there was a history of injury or blunt trauma resulting in bruising, sprain or bone fracture. Since the Maclagan Manuscripts were collected from many different areas of the Highlands, it might also be possible to look for similar and contrasting approaches in the treatment of groups of related conditions, depending on the geographical sources of the material.

It is recognised that no single approach can be entirely satisfactory as a mode of displaying clarity and objectivity within a subject to which there have been so many individual disparate contributions from different sources and informants, as has been noted from many anthropological areas of research, including the subject of health and diseases (Kleinmann 1988). There is no evidence in any of Dr Maclagan's letters to his collectors that he asked them to adopt a uniform approach to their work. From his writings on the 'evil eye' and its associated beliefs (Maclagan 1902) it appears that this was one of his main interests, but otherwise he seems to have allowed his collectors to follow their own interests, and those of their informants in the material transcribed and returned to him. In the twenty-first century, we may consider that current descriptions of disease and illness are completely different from those to be found in the manuscripts, but close examination of all the items on health and disease does indicate that some consistent similarities to modern biomedical terminology can be detected. Dr Logan, a qualified doctor and keen folklorist from Ireland, active in both fields in the early twentieth century, expressed similar views in his descriptions of the many diseases which he found in rural parts of Ireland (Logan 1972). He regarded many of these illnesses as being partly explicable, but sometimes incomprehensible in the interface between beliefs and practice of traditional medicine and modern biomedical practice. In the course of practicing within his profession, he made some relevant observations : 'Almost all physical illnesses -over 80% of them - will get better no matter what treatment is given' and 'almost one third of those who seek medical advice cannot be found to have any physical cause for their complaint'(Logan 1999:1-2).

Later in this chapter, some recognition will be paid to the relationships which existed between the local healers and the university-trained doctors as each group sought to offer healing. Much later in the twentieth century this subject was receiving a measure of official recognition when it was recorded that ‘a recommendation by WHO (1978) concerning study and utilisation of folk healing tradition in developing countries and cooperation between trained physicians and folk healers, was not really any radical departure but a recognition of certain facts and existing situations’ ((Honko 1982; 61).

As may be seen in many writings on traditional descriptions of health and disease in the nineteenth century from the Highlands of Scotland, belief in the influence of the ‘supernatural’ on many aspects of daily life is considerable and has been the subject of many earlier commentaries, including MacLagan’s *Evil Eye in the Western Highlands* (1902). Much of its content was derived from his manuscript collection, especially what had been collected by Elspeth Kerr, Islay.

The importance given to this subject has to be understood in the context of a historical period when the common belief systems were circumscribed by the content and temporal transmission of oral beliefs and customs as held and told by the older members of the communities, the extended families often living in close physical proximity to each other while sharing similar social, linguistic and cultural backgrounds. Most of the informants who contributed to the collection would not have been literate or had access to writings which dealt with health and disease. It is evident that much emphasis was also attached to the manner in which physical illness impacted on, and altered, an individual’s self-perception and ‘living space’ – and

his/her bonding within the immediate family. It is interesting that a similar perception of the inclusive nature of illness and its pervasive effects on the patient and their families, is now receiving wider recognition within many branches of the healing professions, including social medicine, psychosomatic medicine and narrative medicine (Charon 2006).

The process of diagnosis and treatment as found in the Maclagan Manuscripts, seems to have been predicated on the commonly held belief that often there were individuals, recognised as healers in a village or a particular adjacent area, who were regarded as having the power of healing derived from hereditary experience, powers of observation and knowledge as well as the ability to access supernatural healing powers expressed by vocal charms. The healer would be asked to intervene on the patients' behalf – although quite often a member of the family, most commonly the mother, might use a herbal or other 'simple' remedy in the first instance. The healer might then make a diagnosis, tell the patient its nature and give a recommendation for treatment, whether it took the form of a charm, herbal medicine, bloodletting or physical intervention. It is noteworthy that this approach antedated that which is commonly practised by experienced community doctors in this century; after history-taking and physical examination, they may often be able to make a clinical diagnosis and suggest treatment based on their medical knowledge and experience of common diseases, without immediate recourse to any sophisticated laboratory or invasive investigations.

## **Nosology and folklore medicine**

Hence, in this chapter, the previous classification system described in Chapter 3, was adopted as a basis for the entry of the various items. It has been emphasised in *The Study of Medical Problems in Preliterate Settings* (Fabrega 1971: 385), that it is necessary to observe the distinction between health and disease analysed using conceptual theories based on Western scientific theories, and native cultural frameworks. Yet, no rigid demarcation should be drawn through identical disease conditions, for it has been through the cautious application of modern medical knowledge to the named conditions in the manuscripts, that it has been possible to classify the likely benefit of the variety of treatments given. Many of the recommended treatments were applicable to different diseases within different groupings, such as charms and incantations being recommended for eye complaints, internal complaints and sprains, while herbal remedies could also be chosen for the same diseases. As the different modalities of treatment are best placed in separate descriptive and functional categories, it was decided that there would be separate chapters describing charms and incantations, healing wells and the use of healing stones, (Chapter 5) and another given to herbal remedies (Chapter 6).

It is thought that the objective of placing the variety of descriptions of illness in the clinical settings described in the manuscript and linked to the most appropriate anatomical site(see p.68-69) will facilitate a clearer understanding of the diseases, illnesses and treatments found throughout the manuscripts.

Because the personal experience of pain affecting an area of the body would often have been the first indication that some disease was beginning to affect the

individual, this subject is dealt with initially; it is also possible that recollection of the degree of discomfort and its physical setting may have enhanced the recollection of the illness and its oral transmission to the interested collector.

There are different descriptions of diseases and their origins which do not fit easily within the above groupings, for example where the dominant emphasis comes from supernatural conceptual concepts, such as the belief that many patients suffering from ‘internal’ complaints were thought to have frogs or serpents living inside them; in some instances these were thought to have come from drinking contaminated water, and there are descriptions of the methods used to entice these creatures from the patient’s body.

There are also several descriptions of animal diseases and treatments in the Maclagan Manuscripts, some of which are quite similar in nature to those used for humans, and these are described near the end of this chapter. The main focus of this thesis remains centred on the human experience of disease and healing as collected, transcribed and recorded in the Maclagan Manuscripts, and not on descriptions of animal diseases. However, in the kind of rural community in which many of the informants lived, the provision of milk and meat from cattle was a fundamental dimension of their survival and hence much attention was given to several cures, including charms and incantations, for treating diseases of cattle and horses. It may therefore be logical to assume that the people would have learned many of the features of diseases in cattle from close observation and remembering and recounting the outcomes for each sick animal. Hence, from the descriptions available, there also seemed to be a general appreciation that many of the fundamental physiological and pathological processes



leading to disease found in animals were similar to those seen in humans. One Scandinavian perspective on this subject can be gained from ‘Learned and Popular Tradition in Nordic Veterinary Folk-medicine’, indicating that ‘it was the popular tradition which dominated the treatment in which all forms of magic (transplative, contagious, comparative or imitative) are used’ (Matthiesen 1962–1963: 322). The same author provides examples of the use of bleeding of horses and cows based on the healer’s conviction that the presence of ‘humoral pathology’ in the animals needed treatment. The examples of animal diseases in the manuscripts are supplemented by others found in the Archives of the School of Scottish Studies and some recorded in the mid-twentieth century in Skye. (MacLennan 2012).

### **Pain as a disease modality**

After detailed examination of the subjects, it does seem likely that the sensation of pain would have been an early symptom of many underlying diseases and hence this important subject is described – from the given accounts and from the ways in which the suffering of pain was understood, interpreted and treated.

It seems appropriate to give some wider consideration to this subject before referring to the examples in the manuscripts, since the personal experience of pain is often an early manifestation of many diseases, whether of a minor or more sinister nature. In any society, it will be experienced by most people at some stage of their lives and it is only a minority who will not have felt pain and suffering of some degree of severity during their lifetime. The natural response to pain is to consider that it points to some affliction of the body, though many would be aware it is not necessarily indicative of disease but may be considered normal in some conditions, such as

childbirth or extreme physical exertion. Also, a lay interpretation of pain, even in twentieth-century thinking, is that its location would correspond to the site of pathology in an adjacent organ. However, the sites where the pain is felt might not correspond directly to the nearest diseased body organ or structure, since the pain sensation may be experienced in a more distant part of the body, being ‘referred’ through linked neural pathways.<sup>53</sup> This consideration would be especially relevant to diseases originating within the patient’s abdomen from organs, such as the stomach, liver or kidney.

The degree of pain, and whether it is within the range of ‘normal’ experience, may be determined by the individual and the cultural group’s expectations and acceptance of pain. One investigator (Zborowski 1969) noted that in Poland and in other Eastern European countries, women considered labour pains a normal feature of delivery, while in the USA and Western countries the discomfort and pain were viewed differently and it would be expected that pain-relieving drugs would be administered as routine prophylaxis. Hence pain, as a bodily subjective experience, may be thought of as being inclusive of the original uncomfortable sensation felt in the body and the patient’s reaction to it. Pain may also be tolerated as a personal sensation which induces tolerance and fortitude and the cultivation of this attitude may underlie some of the games which were taught to children in the Highlands and Islands – possibly to develop and underpin the values of stoicism and valour as noted by Maclagan in his book *The Games and Diversions of Argyleshire* (1901).

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<sup>53</sup> It is unlikely that this understanding of ‘referred’ pain would have been known in the late nineteenth century.

However, in most circumstances, pain will indicate to the patient that some part of the body is affected by disease, and from this a whole train of events may follow, often expressed in wider metaphorical cultural terms as heartache, suffering and even use of the Gaelic expression by someone who felt that death was imminent: ‘Tha mi a’ feitheamh ris an aiseig’ (I am waiting for the ferry) ;<sup>54</sup> for although the word pain is often used in the narrow sense of physical pain, it can be inclusive of a deeper and more distressing mental and emotional state.

There are many different expressions of how pain can affect the individual sufferer; it can certainly be felt as a state of severe distress associated with events that threaten the physical, emotional and social holistic integrity of the person. Several studies of pain have indicated that high levels of social and family support are associated with lower levels of subjective pain awareness and an increase in the patient’s tolerance of the associated discomfort (Mechanic 1962; Zola 1967). Although these studies were not conducted in Scotland, their findings may have had a similar application for the relief of physical and psychological pain, as in close family bonding, such as was commonly found in late nineteenth-century Highlands and Islands of Scotland. Where trauma is a feature, in addition to the severity of the injury sustained by the patient, it is often noted that in group analysis of patients’ tolerance of pain, there will be a wide variation in individual response and tolerance (Zborowski 1969); some will be able to tolerate a measure of pain which others will find excruciating and severe. Hence, it is probable that the descriptions of pain which we find in manuscript sources, such as the MacLagan Manuscripts, would have been collected from those who exhibited a variable response to their personal experience of pain.

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<sup>54</sup> In Greek mythology, the river Styx was understood to lie between life and death.

The areas of knowledge which have led to an enormous improvement in the management of relieving pain have been based on research of the neurophysiology of the human body and hence the manner in which the nerve cells, both peripheral and central, respond to the progression of particular disease processes. The stimulation of the sensory nerve receptors in the skin or underlying tissues by disease or trauma is the main method by which pain is induced and felt, followed by its transmission through the spinal cord to the cerebrum of the brain. Of course, in many diseases of a simple nature, the physical cause of the pain will be obvious to the patient and the family, such as may happen following injury, scalding or toothache; these three conditions are frequently mentioned in the Maclagan Manuscripts, even though there might not have been an understanding of the underlying disease process. It is likely that the causative dimensions of pain and the manner in which it was experienced and caused suffering in the human race have been unchanged for millennia, but what has altered is the understanding of its significance and origins and how such a debilitating experience should be managed and treated. It is also evident that much emphasis was attached to the different ways in which an individual's physical illness and pain had an effect on the patient's family, a subject which is now receiving wider recognition (Bates 1987). The details of the painful clinical situations in the manuscripts are often fairly limited, being restricted to a statement that the patient felt pain in a particular area of the body.

The subject of pain was investigated further by searching the Maclagan Access database for items where it was mentioned. This revealed 46 separate entries, and a selection of subjects has been chosen in order to illustrate different aspects of the beliefs and customs relating to pain which were then prevalent. One of Dr

MacLagan's main interests lay in the games with which children (and adults) amused themselves and which eventually led to the publication of *The Games and Diversions of Argyleshire* (1901). In it there are several games described as 'pain enduring games' which were taken from the collectors' transcriptions.

This game involves a group of children holding their hands one above the other by pinching a piece of flesh from the hand of the person under theirs. The 'tower' of hands then moves up and down as a Gaelic rhyme is recited throughout. At the end of each recitation one hand may be taken away (painfully), or the group may try to stay together.

(MacLagan 1206a.1)

A similar practice accompanied by the following rhyme was known to the writer in his childhood.

*Bididh, bididh portan,  
Nuair a bhitheas e goirt, goirt  
ligidh mi as e!*  
The crab will bite, bite,  
And when it is sore, sore  
I will let it go! (my translation)

Each child participant was encouraged not to give up, despite the 'pinching' discomfort felt on back of his hand which was gripped tightly by another participant.

The following description also may reflect the contemporary attitude to learning about pain and its endurance.

The oldest man in Barra recalled a teacher<sup>55</sup> he had in his youth who kept the skull of a horse behind his desk and this was used to administer punishment. Any child selected for

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<sup>55</sup> For more detailed account of Hebridean schooling in early 19<sup>th</sup> century, see (Rea ed. Campbell 1964)

punishment might be asked to stand on a hard peat while wearing the horse's skull on his head – making him the object of ridicule and also entailing pain.

(MacLagan 8172a.5)

It may be suggested from both examples that the discomfort to which children were exposed in their early growth phases was part of a common experience in the late nineteenth century, not only in the Highlands of Scotland but in much of late Victorian Britain. While by comparison with modern 'best-practice child-rearing', the above examples fall far short, it is nonetheless possible that the discomfort felt by the children in playing such games was meant to encourage resilience, fortitude and tolerance as a prelude to the realities of many facets of youth and approaching adult life. This would have included the need to tolerate and manage pain and discomfort – whether this was primarily of a physical nature or that which might be felt in adulthood as emotional distress felt after a failed relationship, such as '*tha mo chridhe briste*' (I am broken-hearted).

Many of the descriptions of the presumed causes of pain and affliction can be placed in the category of supernatural encounters. In all societies, it is a natural characteristic of the human mind that it seeks to place life experiences within the framework of knowledge and beliefs to which it has been exposed; hence, in an age and cultural setting which predated explanatory scientific thinking, we can position many of the descriptions of fairies' interventions, the effect of the 'evil eye' and witches' malevolence in this 'time frame' context.

Some of the descriptions of pain from the manuscripts are given as recorded:

A pregnant woman develops a very painful leg and attends her doctor for one month. She does not respond to his treatment and seeks the advice of Mr C..., an unnamed local healer. He observes closely how she walks on her painful foot and then he asks that her leg should lie in front of a very hot fire in the house and her husband be asked to rub it with foreshot<sup>i56</sup>. Although her husband was nearly ‘roasted’ by the heat from the fire, they both persevered and the next day she was relieved of her symptoms completely.

(Maclagan 5218a.1)

A contrasting explanation of the origin of pain is given in the next example:

‘If sudden acute pain was felt in some part of the body, sometimes it was said to come from an invisible fairy arrow ‘saighid sithe’; it was occasionally said to be fatal but this was not invariable’ (Maclagan 4990a.1).

Also, pain might be felt by a person from the effects of his/her *corp creadha* (Eng. clay body) being stabbed or beaten by someone who bore them ill will. The *corp creadha* is a small clay effigy of an individual made by the person who has been neglected or scorned, such as a jilted lover, and who then by the use of a charm or invocation directed at the *corp creadha*, hoped to wreak vengeance on the human recipient. There are many similar references to such beliefs derived from other oral accounts, both Gaelic and Scots (Black 2005).

The more practical approach to relief of pain is noted in the following account: ‘The bone-setter also had a revered status in the community and would be asked to apply his skills to patients with broken bones or painful joints and by correcting the bone deformities, would give pain relief’ (Maclagan 0985).

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<sup>56</sup> Foreshot is a weak spirit produced in the early phase of the distillation of whisky.

It is certainly true that in modern orthopaedic practice the manipulation of the deformity of the broken limb to its normal position can lead to some relief of pain, before the administration of pain-relieving analgesics. ‘Potions and herbal preparations were also used for the relief of pain, including hen’s grease for topical application in sprain injury, eye bright for sore eyes and red onion for hornet’s sting’ (Maclagan 07946.2).

It is probable that grease derived from the hen’s body was used as a hand lubricant in order to facilitate topical massage of the body part affected by sprain. Eye bright is the common name given to *Euphrasia officinalis*, a wild plant native to Europe which is still used in many different societies as a traditional remedy for the treatment of conjunctivitis, tired eyes or irritation. The cut surface of raw onion, similar to plantain and garlic has also been regarded as a cure for skin bites, cuts and bruises – treatment options which are also found in the Ebers papyrus<sup>57</sup> – an ancient Egyptian scroll containing more than 850 plant and herbal medicines dating back to 1500 BC.

The simple use of physical pressure or massage may give some relief to a painful muscular area of the body and this approach may also have underpinned some of the descriptions found in the manuscripts. ‘It is also noted that some women were also reputed to have the ability to relieve the pain of lumbago by application of manual pressure or by walking barefoot on the patient’s back’ (Maclagan1989).

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<sup>57</sup> George Ebers (1837–1898), a German Egyptologist was sold the medical papyrus in Luxor, Egypt in 1884.



Thus, after giving some consideration to some of the general features of pain as a common early indication of many diseases and the methods used for its relief, the next section details the complaints and diseases found in the manuscripts, as they affected different areas of the body.

## **Complaints and diseases arising in the head and neck**

### **Toothache**

Toothache is mentioned in the manuscripts on 39 occasions, possibly reflecting the poor state of dental care in the general population and the relative ease with which the source of the pain could be identified by the patient. There are many causes of this common complaint, but most relate to decay of the hard tooth dentine and the consequent development of infection affecting the pulp of the tooth and the highly sensitive dental nerve endings within the centre of the tooth. It is a complaint which has been mentioned in many ancient writings: Egyptian, Babylonian and Greek; the writers on the subject being named as Herodotus, Hippocrates and Ashurbanipal of Assyria (Porter 1999). Indeed it is believed that dentistry may have been practised before medicine in the Roman period. A survey of the frequency of dental caries from different periods of Scottish history has been undertaken (Lunt 1974) and, based on archeological findings in skulls from Arran, he suggests that this condition may not have been so common in prehistoric Scotland as it was in later centuries.

Because the origin and distribution of the pain in toothache is consistent in many instances, we can assume that self-diagnosis would often be correct, unlike pain arising from many other sites in the human body. It was recorded in the Highlands and Islands Report of 1912 (Dewar) that there was wide variation in the incidence of

dental complaints coming from different areas; also at the inception of the NHS in 1947 in many areas, there was a greater demand for dental care than for the help of doctors in treating other physical ailments.

From the Access database of the manuscripts, it has been possible to find several different beliefs and practices relating to toothache which came from areas as far apart as Lewis, the Uists and Islay. Many of the methods of treatment came from the observations of the informants and not from the sufferers themselves, and are similar to healing practices described by Dr. David Rorie in *Folklore Tradition and Folk Medicine in Scotland* (Buchan 1994). The MacLagan items can be collated under a wide and disparate range of headings, including visits to healing wells in Kinlochbervie (MacLagan 5321a.2), North Uist (MacLagan 5325a.1), South Uist (MacLagan 5325a.1), Lewis and Knoydart (MacLagan 2713a.3); written and vocalised charms and incantations from the Outer Hebrides and Argyll (MacLagan 1478a.1); thread charms from Orkney including *eolas a chronachaidh*, ‘the knowledge of healing’ (MacLagan 3315a.1); wearing a written charm inside one’s clothing (MacLagan 2171a.1); applying smoking live worms and the ‘ground-up’ constituents of human bones to the gums (MacLagan 3337a.1); using poultices made from wild iris (MacLagan 6004a.1); and finally eating a bannock using the saliva from the sufferer’s mouth (MacLagan 1836e.1). The cult of visiting standing stones is found in many different situations; a standing stone outside Brachly Churchyard in Sutherland was frequented by patients suffering from toothache who sought relief by driving a nail into the stone at midnight (MacLagan 1471a.1). Further study of this range of possible treatments reveals an overlap with the methods used to manage other

complaints, such as sprains and lumbago. The recited charms often had Christian references, for example the Lord's Prayer was recited before saying:

*Iosa air neamh is Iosa air thalamh,  
Thig a nuas is leigheis mo ghalair.  
Jesus in heaven and Jesus on earth,  
Come down and heal my complaint.*  
(MacLagan 2172a.1)

In another instance, the reciter remembers an old man from Kilchoman, Islay, who provided written charms to be kept hidden under one's clothes for the relief of toothache; one such began 'Peter sat upon a rock' (MacLagan 3868). As might be expected in the later nineteenth century, many ministers of religion, no doubt influenced by increasing awareness of changing practices in the urban areas of Scotland and the labelling of such beliefs as 'superstitions', opposed the practices as described – though they are not recorded as suggesting any alternative treatment.

More recently last century, an informant, Donald A. MacEachen from South Uist was recorded as giving a wholly more practical treatment, telling the collector that a paste of black gunpowder and candlewax was used to fill a dental cavity and it was alleged that this could relieve the symptoms (SA 1963: 52A6 ;MacDonald 1963).<sup>58</sup>

Success was also claimed for the oral incantation of charms, but in other instances it was noted that sometimes the treatment was not successful. 'The reciter said her father often prepared toothache charms for people but said that her mother who suffered greatly from toothache, was often angry with him because, despite his

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<sup>58</sup> It is likely that wax was used to retain proximity of the active ingredient –,sulphur in gunpowder – to the affected tooth.

success in curing other people, he did not seem able to cure her toothache’ (MacLagan 9081a.1).

In Mackenzie’s description of this subject, the main vocal charm for toothache was substantially the same in content, whether heard in Scottish or Irish Gaelic, English or Scots, and includes the description of: ‘St Peter sitting on a marble stone suffering from toothache, and the Lord passing by and healing him’. (Mackenzie 1892: 151–155).

The charm was often recited by the healer and a written copy worn by the patient until he/she gained some relief. It has also been noted that when no other treatment was seen to be effective, the affected tooth might be extracted by the local blacksmith, relying on his manual dexterity and his access to suitable instruments for extraction; of course, if the tooth was already loosened from the gums by severe disease, its removal might have been a relatively painless procedure for the patient. Nevertheless, these brief descriptions of toothache and its management highlight the distress which must have been commonplace for patients suffering from varying degrees of pain. As noted, sometimes it is not recorded whether or not the recommended treatments were of benefit to the patient, but they do conform to the general belief in folklore medicine as an international phenomenon with the nostrum (Allen and Hatfield 2004) that it was always better to attempt some treatment than to leave the sufferer in agony – despite uncertainty about the cause of the disease or the process by which it affected the patient.

## **Headaches**

It is now known that there are many causes of headaches, ranging from tiredness, dehydration, exhaustion, tension, colds and influenza to more sinister causes, for example severe infections, such as meningitis, injuries and tumours of the brain. However, in modern medical practice, it may not be apparent to the attending physician at the first consultation what the underlying cause may be, and she/he may give simple analgesics, or indeed in many cases it is normal for the patient to self-treat; many headaches resolve spontaneously without the need for any treatment. The data examined from the manuscripts does not give sufficient information on what the possible underlying causes might have been in the late nineteenth century, but there were several suggested remedies. A severe headache can be very debilitating and hence it would be quite normal for help to be sought from an individual with the skill and reputation of treating such a condition.

Several methods of treatment are found in the manuscripts, including the use of herbs, both as infusions to be drunk or applied as a topical agent to the forehead. The herbs mentioned include piony, mint, camomile, acrimony, thyme, ground ivy, and St John's Wort, all of which are also recorded for the same healing purpose in Allen and Hatfield (2004) and Beith (1995). Charms were also used, sometimes written on paper and tied with red threads to the wrist; a charmed stone might be carried or a written charm carried inside a garment and sewn in place. There are also some interesting descriptions of the use of cranial measurement and massage, as in the under-noted account collected from Islay by Elspeth M. Kerr. The name of the informant is not identified except by her initials M. McL. The account is likely to be a reliable description since it was supplied to the collector by the individual who was

herself the recipient of the cure. It has already been noted that Elspeth M. Kerr was extremely conscientious in writing her informants' descriptions of disease and treatment precisely as she heard them.

There was an old woman in Islay at one time who was known to practice the healing art, both by the use of healing pressure and incantations; when the young girl had very severe headache, which had been persistently troubling her for some time, her mother went with her to the old woman, and the first thing that was done by the healer was to measure her head. She then pressed it with her hands, first in one direction and then in another, keeping all the time muttering to herself. The only words which the girl could hear were, '*Peadar, Pol agus Eoin, cuir cnamhan a' chinn mar bu choir*'. 'Peter, Paul and John, place the bones of the head as they ought to be.' In this way she went on for some time, measuring and pressing the head time about, and repeating what she was saying; the girl's headache was relieved and she gave the credit to the old woman.

(Maclagan 2724))

Another woman, named as K.W., practised her art as opportunities occurred, again by pressing the skull bones in an upward fashion and followed this by measuring the skull in a circumferential direction from the base of the neck upwards; when she found that two measurements coincided, she declared the cure accomplished. The recipient of this phrenology<sup>59</sup>, a popular practice in the middle of nineteenth-century Britain, also believed that she was cured of her complaint. It contrasts with the previous example in that there was no element of the use of charms (Maclagan 1469).

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<sup>59</sup> In phrenology there was an attempt to relate the morphology of the skull to the individual's personal psychology and illnesses.

There now follows a verbatim description of how a patient from North Uist, Outer Hebrides, had what appears to be a modern surgical intervention for headaches- a craniotomy. However, there are many references to archeological discoveries in Europe of Neolithic skulls which had been ‘trepanned’, possibly to release evil spirits and also many Inca skulls from thousands of years previously in which there was evidence of similar surgery. It is likely that in the late nineteenth century, as today, the majority of headaches do arise from simple causes and that the discomfort may disappear spontaneously without the need for surgical intervention. In only a small percentage of cases is there a requirement for surgery, which is performed only when certain strict diagnostic criteria are met.

Craniotomy means an operation where the skull is opened for the purpose of accessing the human brain for a variety of procedures or to control bleeding; intracranial haemorrhage following injury is one common indication for this procedure and may be a cause of severe headaches. (With modern imaging techniques, it is usually possible to identify its site and significance, before any intervention is undertaken.)

Anne Macleod from Berneray, Harris, one of the regular informants consulted by Miss Elspeth Kerr, relates in detail how the well-known Dr Alexander Macleod (1782–1854), known as *an Dotair Bàn*<sup>60</sup> performed such a life-saving procedure on a young woman in North Uist, Outer Hebrides.

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<sup>60</sup>*An Dotair Bàn*, Dr Alexander Macleod was a native of North Uist, with Raasay family connections, and a graduate of the University of Edinburgh before practising as a doctor in North Uist. He combined his medical skills with a knowledge of herbal remedies and was highly respected; his reputation being frequently recounted at storytelling in North Uist and Berneray in the 1950s.

A young woman suffered from violent headaches and nothing seemed to do her good. One day, the Doctor B. put a handkerchief to her face, causing her to sleep. He then took a silver knife and cut the crown off her head, laid it beside him and with the point of the knife, took a clot of blood of the brain, as large as the point of one's finger. He then put the crown back in its place and sewed it right up. The girl after only an hour and a half's sleep, awoke. The Doctor asked her if her head was better, and she answered, it was quite better, only felt a little queer at the top. He then told her what he had done, that her head would now be alright, but she should never marry, for in the event of her doing so, the sewing would get loose.

(MacLagan 0353)

The above description has the ring of authenticity as transcribed. This account is dated 1895 which must raise questions as to whether the informant was relating an account of an operation which had been witnessed by herself when back home in the adjacent island of Berneray, whether someone related it to her from a hospital environment<sup>61</sup>, or whether in fact Dr Macleod himself had indeed done the procedure as described. There is also a clear description of the application of a cloth to the patient's face before the operation was started, which is recorded as the customary manner in which a chloroform soaked cloth was used as an anaesthetic, after its discovery by Simpson in 1847.<sup>62</sup>

The recovery of the patient from anaesthesia also seems to be a genuine description, including the feeling of numbness at the top of the skull, followed by the brief account of the normal questioning by the doctor as to how she felt after the operation. The details given of the craniotomy procedure are also succinct and appropriate, including the suturing of the skin. The penultimate sentence – that the

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<sup>61</sup> Craniotomies performed from a more selective scientific basis, were recorded as being done in hospitals in Glasgow and Edinburgh from mid 19<sup>th</sup> century

<sup>62</sup> Sir James Young Simpson (1811–1870) Professor of Midwifery, University of Edinburgh



patient, having recovered from the surgery, should never marry in case the sutured skin would loosen – is possibly an explanatory supernatural addendum supplied by the informant.

### **Eye diseases**

In the initial search of the Microsoft Access database, many examples of the ‘evil eye’ were included, a topic which was of considerable interest to Dr MacLagan and led to the publication of *Evil Eye in the Western Highlands* (1902). It was believed that some individuals with malevolent intentions towards another could incapacitate or injure them simply by looking at them intently; it was also believed that some of the ‘observers’ were not aware that they possessed this capacity to injure another person. This is an extensive subject, considering it is found in the manuscripts on 345 occasions. It is discussed again in Chapter 5, in so far as it relates to illnesses and suffering, along with the subject of charms and incantations.

The more physical explanations for diseases in the eye relate to injuries or infection of the eyes, whether superficial or deep; many would have been caused mainly by grit or similar foreign body causing an abrasion of the cornea of the eye. If these were of a superficial nature restricted to a small area of the eye, it is likely that the inflammatory fluid response of the eye would lead to resolution of the symptoms and disappearance of the foreign body; however, in many cases, a more severe injury might lead to partial or complete loss of vision in the affected eye, especially if an infection followed. The other large group of conditions may have been related to a primary infection in the eye and, again, the outcome and the effect on the patient

would have been determined by its extent and severity. As with most of the accounts of disease in the manuscripts, we have to accept the descriptions as given and sometimes there is no indication of the results of the recommended treatments. The concept of the healer reviewing the patient after some time to check the success of his/her intervention is not one which is commonly seen in the MacLagan descriptions of any treatment interventions.

The treatments varied from the simple, such as the application of cold tea to the eye, to the more complex with the use of a variety of charms; in some instances, it was not thought to be necessary for the person recounting the charm to be physically present, and there were claims that they might be effective, even when ‘prescribed’ from a distance (MacLagan 5425a).

It was said that if the charm was to be effective, it was necessary to follow the exact instructions given by the person offering the charm. For ‘short-sightedness’, myopia, it was said that to exert pressure on the outside of both eyes gave an improvement in vision (MacLagan 64551a). Interestingly, it is said in current ophthalmic practice that light pressure applied to the lateral aspects of the eyes can give temporary relief from myopia.

A sty indicates a minor infection in the skin surrounding the eye, which can in many instances be protuberant and painful, but which can also be self-limiting. A woman from Ardrishaig, Argyll said: ‘I remember when I was a little girl, I was greatly troubled by styes on my eye, and one time the dancing teacher came the way, and he took me between his knees, and got a gold ring, and put it round the styes several times and it did good’ (MacLagan 7613a).

Another girl from Lewis was treated for a sty by means of a Gaelic charm. The charm was written down and sewn on to her clothes, which she continued to wear until she gained relief from her complaint; the written content of the charm is not given (Maclagan 8790a).

There are other sources which describe the treatment of diseases of the eye, such as appear in the manuscripts collected by the Reverend James Maclagan<sup>63</sup> (1743–1805), the well-known Gaelic scholar, collector of poetry and sagas, who like Dr Maclagan was a native of Perthshire. One example is a detailed description of the preparation of a recipe for making salve for sore eyes; to an ounce of fresh butter, was added 20 grains of vitriol and 10 grains of sugar of lead and once this preparation was suitably mixed, it was applied to the sore eyes at night while making sure that in the morning, both eyes were thoroughly cleaned with cold water ( Maclagan c1789 Dundee City Archives GD/we/613).

### **Fallen uvula**

There are several examples extant, both in the Maclagan Manuscripts and in other contemporary sources (Mackenzie 1892) of the ‘fallen uvula’: why this was thought to be an undesirable condition and should be corrected.

The uvula is the central mucous protuberance, which can be seen at the back of the throat pointing downwards from the hard palate, whose use and significance to this day has not been clearly defined. It is said to be a vestigial anatomic structure which may have a role in voice production and also may stimulate a protective gag reflex. It

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<sup>63</sup> The Reverend James Maclagan (1743–1805)

can be observed to be different in size and position; the reason why it was an object of interest to previous generations may have been because it could be readily seen by asking the patient to open her/his mouth, should the patient have a cough or difficulty in swallowing. Then it might be assumed that if the uvula was swollen, prominent and ‘fallen down’ it might be judged to be the cause of the patient’s complaint, rather than part of the underlying condition.

Three examples have been found in the manuscripts where the uvula had ‘fallen down’ and was thought to have affected the health of the patient.

In one account, a man from Islay told Miss Kerr that he knew two people, a man and a woman, who had the reputation of being able to ‘lift the uvula’ when it was thought to have come too far down (MacLagan 9082.a).

A woman from Berneray, Harris, Outer Hebrides was said by Anne Macleod to be able to cause the uvula to lift up to its normal position by working her fingers on the top of the head until the patient was aware that the uvula had risen to its normal position (MacLagan O381). Another woman from Ross-shire had the reputation of being able to raise the fallen uvula by massaging a sinew in the patient’s hand until he/she was aware that the uvula had risen (MacLagan 4916).

This subject was also described by Donald Masson<sup>64</sup> in his address to the Gaelic Society of Inverness in 1888 and he gives a first-hand account of an operation which was expected to raise the fallen or enlarged uvula, ‘the pap of the throat’.

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<sup>64</sup> Dr Masson (1826–1913) had a medical degree and was also minister of St Oran’s Gaelic church in Edinburgh.

‘The common practice was to search the top of the scalp for the whorl or central parting of the hair, and then twisting a bundle of these central hairs on the top of the head around the forefinger, to give them a sudden wrench upwards’ (Masson 1888: 306).

He also describes a more direct interventional cutting approach when he witnessed an old Highland midwife cut the protuberant uvula: ‘with a noose of horse hair, passed through a common goose quill, saw the uvula as neatly and as effectively operated upon as with the modern instrument it could be treated by Spence or Syme’<sup>65</sup> (Masson 1888: 307).

## **Chest-based complaints**

### **Tuberculosis (*a’chaitheamh*: the wasting)**

In Sir John Sinclair’s *Analysis of the Statistical Account of Scotland* (1825), consumption was the fifth-commonest disease mentioned, presumably based on the contributors’ observations from their own areas. It was a subject with which doctors would have been familiar in Hebrides and West Highlands as noted by Smith (1872–3). Many of these observers were parish ministers and they would have had the benefit of higher education and subsequently the time and opportunity to develop some observational skills, with a degree of detachment from their parishioners; they would also have lived in close proximity and would have been familiar with their personal circumstances. Thus their comments on the harmful effects on the poorer people in the communities, living in cramped damp conditions, and the sedentary nature of those who were employed in communal activities, such as spinning, are

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<sup>65</sup> James Spence (1812–1882) and James Syme (1799–1870), both well-known Edinburgh surgeons who held the post of Professor of Surgery at the University of Edinburgh.

worthy of attention and may possibly have some relevance to the epidemiology of tuberculosis at the time of the collection in 1825. The same social factors are likely to have been relevant to this disease when the Maclagan Manuscripts were compiled in the later part of the nineteenth century.

It is quite likely that it would frequently have been impossible to confirm the diagnosis of tuberculosis, and this may explain why, in the first Official Report produced by the Registrar General of Scotland, it was noted that: ‘In the Western Isles, it was ascertained that the word ‘consumption’ was used as a common term to express any illness which reduced the strength and wasted the body, and in fact, it was commonly applied to the decay produced by the infirmities of old age’ (*Report of the Registrar General of Scotland* 1861: 65). Tuberculosis is a chronic systemic disease known to exist since prehistoric times with skeletal evidence of spinal tuberculosis being present in Egyptian mummies; its features were also described by no less a distinguished doctor than Hippocrates around 460 BCE. He thought ‘phthisis’ (Greek: pulmonary tuberculosis) as he named it, the most prevalent disease of his times, and that it was almost invariably fatal.

The main symptoms can arise from different anatomical body systems, but patients most commonly present with pulmonary symptoms, such as coughing, expectoration of sputum and breathlessness; or scrofula, a condition where the lymph glands of the neck become swollen, suppurate and ulcerate; the patient will also be affected by general malaise, with progressive and severe loss of body weight in systemic tuberculosis being described as ‘wasting’ in Gaelic (G: *a’chaitheamh*), while scrofula was also known as ‘the King’s Evil’ (G: *Tinneas an Rìgh*). It had the latter name

because it was believed, in many parts of Britain and Europe, that the touching of the patient, or ‘laying on of hands’ by a monarch would lead to healing.<sup>66</sup> It was also believed that the ‘seventh son of the seventh son’ was endowed with the same healing gift, and indeed the same gift was occasionally attributed to the seventh daughter of the seventh daughter in Scotland and Ireland. There are several examples in the manuscripts of the methods and skills used, including many where the use of charms was central to the approach (see below). Of course, such historical descriptions, putative diagnoses and recommended healings as exist for tuberculosis and similar diseases from oral sources, or from biographical or historical records, can be challenged from a modern medical perspective on account of the overlapping and similar nature of the patients’ signs and symptoms in many other diseases, and the absence of confirmatory laboratory tests. However, it is salutary to note the comments of Dr Benjamin Martin in his book *A New Theory of Consumption* (1722), when he infers, firstly, that ‘distemper in the opinion of several is propagated from one person to another by Contagion and is very infectious indeed’ (p. 5), and also that ‘the original and essential cause ... may possibly be some certain species of Animalcula or wonderfully minute living creatures’ (p. 40). This predictive theoretical explanation was confirmed to be correct 160 years later when Robert Koch (1843–1910), a German physician, discovered a staining technique which did permit microscopic recognition of the mycobacterium tuberculosis as the causative agent. However, not all individuals who were exposed to the organism developed clinically significant disease, and it had been suggested that some patients were able

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<sup>66</sup> King James VI, and I of Great Britain, is said to have ‘touched’ some 50,000 people with this illness, after he became King of Great Britain.

to develop immunity to severe infection through living in symbiosis with the organism. In the late nineteenth century, this was shown to be true, and the next major step in its management was the introduction of Bacille Calmette-Guérin (BCG) vaccination, which gave a substantial measure of immune protection against the active disease. The first effective anti-tuberculosis antibiotic, streptomycin, was discovered in the USA in 1943 and administered to the first patient the following year; its use was shown to give a high chance of recovery from the disease. However, it is still a common disease and it has been recorded that 8.8 million incident cases were diagnosed in 2010, mostly from Third World countries (WHO Report 2011).

Examination of the Maclagan Manuscripts shows 16 references to consumption and ‘the King’s Evil’,<sup>67</sup> or scrofula. There are many well-known references to the treatment of tuberculosis by the seventh son in a family, it being said that he had special inborn ability to cure or alleviate the disease. In three instances, the seventh son of the seventh son is said to have been able to treat the condition and in one example it was the seventh daughter who laid her hands on the patient; an informant A. MacDougall from Mull, says that ‘she was born in a family and was often consulted for this purpose. Her manner of action was to lay her hands on the “sore” and say:

*‘S mise an ligiche ach,  
‘s e Dia a bheir leighis.  
I am the healer but  
it is God who bestows healing.’*  
(Maclagan 1478a.2)

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67 In Gaelic it was known as ‘tinneas an Rìgh’



The above healing expression is similar to the better known epithet expressed by Ambrose Pare (*c.*1510–1590) during his work as a military barber-surgeon serving several French kings when he began to observe the importance of natural tissue healing in his patients after surgery – irrespective of what procedure he had done. ‘I dressed the wound, but it is God who heals it.’

The use of ‘touching the patient’ combined with the use of a healing incantation and a biblical reference is found in some other descriptions, and several herbal remedies are also listed as having been used in the treatment of consumption. These include ass’s milk, dandelion, ragweed, broom, elecampane, burdock, whin flowers and snail broth. More information on the particular indications for the use of one herbal remedy in preference to another is not given, nor whether there was a different healing response from the use of one substance by comparison with another.

As a doctor,<sup>68</sup> Masson (1888: 299) had a wide experience of tuberculosis or ‘phthisis’, as it was sometimes named. He recounts the various forms of treatment which were given to the sufferers, including the use of nourishing foods, especially fresh milk, soups made from snails or lamb as well as a variety of herbal remedies, such as dandelion, bog-root and leaf, the marsh mallow, or boiled flax in the form of tea. Visits to mineral wells were also popular when tuberculosis was suspected, and one of the visitors to a healing well in his youth, was Hugh Miller (1802–1856), the writer, folklorist and geologist from Easter Ross. However, it is of special interest that Dr. Masson himself was thought to have had tuberculosis as a child, and hence

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68 His writings exemplify clearly both his medical knowledge and his sympathetic understanding of traditional healing.

he is able to describe the special treatment which he received – the vigorous manipulation and massage of his bare chest by:

a tall muscular horny-handed daughter of toil. An outworker on the farm, she thus added to her earnings of 6 pence a day and half pound of butter for each sitting ... the dame stood behind me, and set to work with a sweep of both hands from before backwards, in the line of the lower border of my chest, so as to satisfy herself as to the condition and position of the cartilaginous ends of my youthful ribs.

(Masson 1988: 297)

She used butter to moisten her hands and she also used to mutter an incantation charm which he could not understand. Then there follows a detailed description of the procedure to which Masson was subjected with the express purpose of everting the cartilaginous ends of his ribs so as to improve the ventilation of his lower lungs (ibid.: 299).

As a doctor in later life, he regards this as a logical approach to a disease which was known to affect the lungs primarily, and restricted their expansion. The earliest symptom of tuberculosis was known to fit the Gaelic description *Glacadh cleibh*, meaning a ‘stitch in the chest’. Following his address to the Gaelic Society of Inverness, a member of the audience, Dr Mackay, agreed with Dr Masson, in his emphasis ‘on the great value of old world remedies. Those who attentively consider them will see ... that the instincts of primitive people are often the forerunners of the advancement of science’ (Masson 1888: 313).

It is also of interest that long before anti-tuberculous therapy was discovered, we find Dr Masson saying that he thought that the way of the future for the treatment of tuberculosis ‘will be in the direction of introducing into the blood a germicide,

which, while effectually sterilizing the germs of this fell disease, will not seriously hurt the patient' (Masson 1888: 320).

This proved to be a correct insightful prediction which was fulfilled by the discovery of streptomycin in 1943, it being the first 'germicide' shown to have demonstrable activity against the tubercle bacillus.

### **Swellings associated with tuberculosis**

As well as persistent coughing, sputum expectoration and weight loss, another common physical manifestation of established tuberculosis is the presence of enlarged glands (G: *mams*) in various parts of the body, particularly in the neck, armpits and groins. Here the glands, or lymph nodes of the body, swell as part of the body's immune response to the tubercle bacillus, the causative organism of tuberculosis. The descriptions of dealing with these swellings are posited within a distinctive ritualistic context which is also related to beliefs relating to curing by 'transference' of the illness to a prominent feature in the visual landscape. This practice is also found in *Witchcraft and Second Sight in the Highlands and Islands of Scotland* (J. G. Campbell 1902).when 'crossing the swelling' with a steel blade or an axe accompanied by the pronouncement of some magic words, was followed by pointing the axe or steel blade towards a near rounded hill with the intention that the malady be transferred to the hill nearby. This may be an explanation for the popularity of the name 'Mam' in place names in the Highlands.<sup>69</sup> After the swelling had been relayed to the 'mams', the axe was driven into the ground with the final incantation:

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<sup>69</sup> A similar description of the 'apportioning' of disease to a prominent local 'mam' or hill is found in Mackenzie (1892)

*A ghoimh san làr 's a chradh san talamh.*

May the affliction be limited to the ground and the pain to the earth.  
(MacLagan 1469a.3)

Similarly in *Carmina Gadelica*,<sup>70</sup> there are three other examples of the localisation of charms to local rounded hills, collected from Arisaig, Kintail and Mull.

Two further accounts exist in the MacLagan Manuscripts, one from Mull and one from North Uist, and both are similar in that the sites of swelling in the body of the patient, are 'cut' by an old man in a simulated fashion:

He uses an axe and a darning needle for this purpose; the needle is laid on the swelling and the face of the axe drawn across the needle, making the sign of the cross. At the same time, the swelling was apportioned by the operator to certain table lands or hills in the vicinity, which taking their names from this practice came to be called 'mams'.  
(MacLagan 1469 a.3))

Another variant of the same charm practice comes from the island of Berneray, Harris.<sup>71</sup>

An eolas man finds a dead rat, or mouse, and he rubs it well between the palms of his hand. He then rubs his hands on the earth or a stone and afterwards on the swelling, at the same time saying: 'Tha mise dol a thilgeadh seo ann an Ainm am Fear a chruinnicheas is a sgapaicheas'. 'I will scatter this in the name of Him who collects and scatters.'

This he does three times, also repeating the words three times, and it is believed to have the effect of scattering the swelling.  
(MacLagan 1470))

'Charm for a swollen breast' is the title Alexander Carmichael (Carmichael 4: 194–195) gives to a healing charm for a swollen breast used many times by Catherine

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<sup>70</sup> Carmichael A. C., *Carmina Gadelica* Vol. 4: 276–279.

<sup>71</sup> Berneray had long standing association with Harris, both being under the tutelage of the Macleods. In 1973, the Western Isles Council decided that its postal address should be linked to the nearer island of North Uist.

Maclean, a crofter from Naast, Gairloch, with apparent success; although her success was attributed to witchcraft, this she strongly denied, saying that this was a power which was God-given for the alleviation of illness. The undernoted charm is attributed to her:

*Ditheachd dha do ghrìd,  
Ditheachd dha do at,  
Sitheachd dha do chich,  
Sitheachd Rìgh nam fear.*

Extinction to thy microbe.  
Extinction to thy swelling,  
Peace be to thy breast.  
The peace of the King of power.

The above examples all are indications of the belief in ‘transference’ where the illness or disability could be ‘taken’ by a healer from an ill patient, often with an accompanying chant or evocation, to another animal, person or dominant adjacent hill or mountain. This procedure of transference of disease or symptoms of disease to water, animals or to a mound of earth has given rise to many descriptions from different parts of the world in relation to healing, and has attracted many explanations and interpretations (Hatfield 2004: 349).

W. A. Smith came from the mainland of Scotland and was resident in Lewis for several years. Although he was not a doctor, his comments on the subject of tuberculosis may reflect common beliefs:

Still it is an unquestionable fact, vouched for by the medical practitioners long settled in the country, that tubercular consumption is never found among natives who have always

remained in the Lews. Strangers have not the same certainty of immunity, as they may have carried the seeds of disease along with them. Natives who have been away for a time, especially girls on service, not seldom return smitten unto death. So it cannot be said to be the native constitution, so much as the conditions of their existence, to which we must look for an explanation.

(Smith 1875: 30)

The dire effect of untreated tuberculosis is told by Donald MacDonald in *Croft History – Isle of Harris* from his own early background in the east of Harris: ‘seven coffins left Uilleam mac Ruairidh’s (William, son of Ruairi’s) house as a result of TB ... one of them (family) was married away and his wife died of TB. When he took ill himself, he came home and every one of his brothers and sisters took it (and died) (Lawson 1994; 27).

This statement would seem to relate to a belief in the island that tuberculosis was an infectious condition which could affect a person who had worked on the mainland of Scotland and spread from one individual to another on her/his return home.

Quite apart from the importance attached to the severity of diseases such as tuberculosis, there are many references to symptoms, for example coughing which might simply come from a common cold, but since it was also known to be one of the early symptoms of the pulmonary tuberculosis, it often led the sufferer to fearfully contemplate a fatal outcome. Jessie Ann Macleod, a teacher from Skye who was also one of Dr MacLagan’s diligent collectors, tells a friend, Mrs Galbraith from Ardrishaig, that after a visit to her own doctor with the complaint of a cough, she took his prescribed remedy without apparent benefit. She continues: ‘I am dreaming every night of my coffin and wondering whether my father will have to pay the

funeral expenses, or whether I'll leave behind enough to defray it myself" (Maclagan 0030).

This gloomy prognostication was by no means confined to the late nineteenth century, but was most probably commoner in this era when there was much uncertainty about the nature and cause of many physical complaints and their outcome. Her friend Mrs Galbraith, however, is quite reassuring that she can offer her a remedy for her cough and gives her a herbal cure, based on a distillation of whins and brown sugar made by a local healer; and the teacher, having consumed this medicine, claims to have made a complete recovery.

### **Internal complaints**

There is a large variety of complaints as named below, which are likely to be linked to physical disorders within the patient's abdomen; in the manuscripts, these are often named as 'internal' complaints, and given the number and variety of internal organs which exist and the large variety of conditions to which each may be prone, it is not surprising that any attempt to relate them to specific organs or recognised disorders of function is unlikely to have been attempted by any of the contributors to the manuscripts, with possibly a few exceptions as noted below.

### **Dyspepsia and heartburn**

Both these symptoms can be present in different conditions, such as 'indigestion' or an ulcer which can be located to the stomach, but, viewed from the perspective of current biomedicine, it would not be possible to find the underlying cause from a single word description, as is common in the Maclagan Manuscripts. In simple mild cases, such as when the individual had consumed indigestible food, there might be

spontaneous resolution, without the need for further treatment, in which case the disappearance of symptoms might be related to the intervention by the healer. Some of the herbal remedies, such as listed in Chapter 6 were also thought to give symptomatic relief from abdominal pain.

There are, however, some examples where the complaints are recorded in a more detailed manner, and one of the descriptions of illness in a young child is very suggestive of an interesting condition, ‘hairball of the stomach’ which is known in medical terms as ‘trichobezoar’. The account given in the manuscripts collected from Miss Campbell, Newton in Islay is as follows:

There was once a lad who was sick for a long time, and no one could make out what was the matter with him. An old ‘cailleach’ (G: old woman) having come the way, the lad’s mother told her of her son’s illness. The cailleach advised her to roast two salt herrings and to make the lad eat them. This having been done, he ‘put up out’ of his stomach what had been the cause of his illness. It was just some hair that he had been chewing from time to time. After he got that up, he soon became well again.

(MacLagan 3104 a)

It is known that sometimes a child develops the habit of pulling hair from his/her head and eating it, so that eventually a ball of hair forms in the stomach; this being indigestible it eventually reaches a certain size which may interfere with the absorption of the normal food constituents so that the child will suffer from progressive weight loss and vomiting. Often the child has an underlying psychological cause for this syndrome, which may not be apparent except to a careful attendant. Sometimes, the key to the diagnosis is made by an acute observer or doctor who sees that the child has a bare patch on the head from which the hair has been picked, and in the context of a vomiting malnourished child, this would



point to the possible diagnosis of this condition known as trichobezoar. The customary current treatment is to remove the ball of hair from the stomach and to offer the child appropriate psychotherapy, if needed. In some similar circumstances, indigestible plants lying in the stomach can cause the same condition of malaise and vomiting, when it is known as phytobezoar. It is possible that the old lady who prescribed the unusual cure for the boy had previously heard of this condition and if she had noticed a bare patch in the hair of his head, she may have then have been able to arrive at the diagnosis and suggested the basic treatment of inducing the patient to vomit.

In trying to give an explanation for some of the internal illnesses which could give rise to various disturbances of the digestive system, such as vomiting, distension of the abdomen, and pain, several mythic interpretations had developed over the centuries; and in the manuscripts under consideration, there are also some tales which seemed to have gained general credibility, when they were recounted. Three of these accounts are noted as given. The first account was given by Anne Macleod from Berneray, Harris to Elspeth Kerr in Port Charlotte, Islay:

A Bernera girl was at service, who became very unwell and weak. Her stomach was much enlarged, and she was taking her food better than ever she had. Yet every other part of her was getting very thin. At last, she went home to her mother's house, and the Dr. B--<sup>72</sup>, being in the district came to see her. Her mother stated the symptoms to him and he said he would see what he could do for it; it was a case of life or death. He ordered them to put on a large fire, and a plate of grease beside it, and ordered the girl to lie down on her side, beside the plate. When the grease began to melt, a large eel began to come out of her mouth and to eat the grease that was on the plate. When it was measured it was found to be three feet

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<sup>72</sup> Dr Bàn – the 'fair doctor', previously mentioned – Alexander Macleod.

long and very thick. The Doctor kept the eel for about a week, to see what it would do. It was very greedy and ate a great deal of food. Then they killed it with tobacco smoke. It was said that the water where the girl had been serving, was full of eels and that she had drunk this when she was little. The girl got quite well afterwards and got married.

(MacLagan 0440a)

In the second similar account obtained by the Reverend Neil Campbell, Kilchrenan, from his gardener John Macdonald in 1895, the doctor who occupies the main role was named as O'Connacher<sup>73</sup>, a member of another hereditary medical dynastic family, similar to the Beatons (see Chapter 1). He lived in Ardoran beside Loch Faochain in western Argyllshire. The story is written in Gaelic with an English translation as follows:

He and his brother were accompanied by two visiting doctors and during their evening stroll beside the loch, they heard the sound of girls singing on the opposite side of the loch while they were reaping the harvest. One of the visitors exclaimed that one of the girls had an especially attractive voice, to which MacConnacher<sup>74</sup> replied that this was a response to a frog which she had 'inside her'. The doctors immediately went across the loch in a boat and approaching the girl with the distinctive voice, Dr MacConnacher told her that she had an internal frog which he now proposed to have removed. She consented to this and he made her lie down after which the doctor lit a fire on which he roasted some meat. The odour of the roasting meat attracted the frog out from her stomach and when it emerged, the doctor quickly placed his hand on her mouth to prevent its return to its domicile. He told her that she must have eaten a frog spawn from a well when she was small. The doctors then returned home taking the frog with them.

(Mclagan 0281–0284)

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<sup>73</sup> Although named O'Connacher by the Reverend Neil Campbell who supplied this item in the manuscripts, it is likely that their correct name was O' Conchobhair as documented by Bannerman (1998: 144).

<sup>74</sup> This is assumed to be identical with O'Conchobhair.

Finally, the ‘Mull doctor’, a member of the Beaton medical dynasty, is represented as finding a frog inside his daughter’s body, after she had died in mysterious circumstances. The frog was kept alive and it only died when it drank nettle broth. It is probable that this story, or its variant, was responsible for the popularity of nettle broth as a dietary constituent throughout the Highlands, and it was often given to children in the springtime in the belief that it would increase their resistance to disease (MacLagan 6312a)

These three accounts, which are variants of a similar theme, indicate that there was frequently an attempt by healers to explain the underlying causes of pain in the abdomen. Hence, in the opinion of doctors and healers, unclean water was thought to be the source of the frogs which had been responsible for their illness; thus, it is very probable that these and similar tales, when told and retold in different village settings, would have encouraged people to pay special attention to collecting and drinking clean water – so far as they were able to do so.

Several sources from ancient Egyptian and Assyrian manuscripts do refer to the beliefs that snakes, frogs and lizards could live within the stomach of some individuals, and similar beliefs were found in many European writings. Carl Linnaeus (1707–1778), the famous Scandinavian botanist and doctor, whose name is linked to the first generally accepted classification of plants, herbs and trees, was once asked to attend to a patient during his tour to Lapland<sup>75</sup>, and was convinced that drinking water polluted by frog spawn formed the basis ‘for these dreadful animals

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<sup>75</sup> In *Iter Lapponicum* (1811), he gives a medical résumé of the medical conditions and the names of herbals recommended for healing which he found on his tour.

which tear and torture the patient’ (Bondeson 1998: 444). A case report from Scotland also implies that an internal parasite was primarily responsible for the symptoms which caused the illness of a serving-girl from Dunfermline, Fife. Its publication indicates that a respected medical journal of the day was prepared to give credence to the description of the ‘discharge of a live lizard as the causative agent after she took the prescribed calomel, a mercury based intestinal purgative, commonly used in mid 19<sup>th</sup> century medicine’ (Spence 1813: 315–318). The suspected intrusion and growth of animals into the body as a cause of disease is a subject addressed by Cattermole-Tally (1995); who suggested that it is possible in India and Africa, the guinea worm, a species of nematode, if eaten, may reach four feet in length before it is removed or excreted. However, this is an unlikely explanation for the descriptions given in the Maclagan Manuscripts. The author’s final comment is that ‘the more mysterious a disease is – the more likely it was to have a magical cure’; a perspective which also can be seen to have relevance to much of the material in the Maclagan Manuscripts (Cattermole-Tally 1995: 91).

### **Jaundice**

This is the term used for a yellowish discoloration of the skin which is most commonly associated with disorders of the liver or gallbladder. The yellowness is due to the attachment of bilirubin, a breakdown product of haemoglobin in red blood cells, to the skin. Normally, bilirubin is processed by the liver, but this does not occur when the liver is diseased; the causes are many, ranging from severe systemic infections and obstruction of the bile ducts to specific infections of the liver tissue, but also it can be a feature of severe systemic infections, such as typhus or typhoid. The medical diagnosis of an early presentation of jaundice is rarely easy without the

help of laboratory testing and hence it is not possible to determine which of these diseases was responsible for jaundice in the examples given in the manuscripts. The suggested remedies are mainly of a herbal nature, for example the use of an infusion of dried whin bark (Maclagan 8425a.2) or foxglove, *digitalis purpurea* (*G.Meuran an duine donna* – literally ‘the fingers of the bad man’), or a distillation of the bark of elder and barberry.

Another description of someone affected by jaundice is that of a child, aged two, who was given as much milk as she could drink on the doctor’s orders but who failed to respond. She was then seen by an old woman in the community who said:

*Mas ann le grain a thainig e,  
Is an le grain a chuirear air falbh e.*

If the illness has come through her eating something her body ‘disliked’,  
It may be cured by forcing her to eat something she dislikes.

So the child was forced to sup a mixture of porridge and castor oil, and she soon became better, despite the unpalatable nature of the remedy (Maclagan 2720).

One of the basic beliefs in homeopathic medicine is that any substance which may disturb the body’s homeostasis may also be used in infinitesimal doses to effect a cure. This has been named the ‘Law of Infinitesimal Dosage’. Another even more unpalatable treatment states that the nausea associated with jaundice can also be cured by eating raw earthworms (Maclagan 2720a.2).

### **Colic**

This is mentioned several times, and one must assume, in the absence of a more detailed description, that it refers to spasmodic pains felt in the abdomen arising from recurrent contractions of some part of the intestines. The causes can be of a simple

temporary nature, such as might happen after the ingestion of indigestible items of food or the onset of gastroenteritis, but sometimes it may indicate more serious conditions, such as appendicitis or obstruction of the intestines. Another simple term used for spasmodic pains felt in the abdomen was gripe. The Reverend Norman Macdonald (1904-1978) as recorded in 1959, remembered how abdominal pain was thought to be a serious condition and described the symptoms of people with abdominal complaints, including *greim-mionach* (Eng. stitch or griping pain).

(SA 1959: 29)

It is known that several agents can be responsible for the clinical condition of abdominal pain, diarrhoea and vomiting, including bacterial infection or the presence of intestinal worms which in a malnourished patient, if untreated, could have led to a fatal outcome. Some conditions may have arisen from the presence of parasites, round worms or tapeworms. There is a single description of how this condition, presumed to be present, could be treated with black thorn tincture given as a drink (MacLagan 0793).

### **Kidney disease**

There is only one reference to what is judged to be a description of disease affecting the kidneys which may have been associated with the formation of stones in the urinary tract. It is unlikely to have been such a rare condition in the communities but the nature of the pain may have been attributed to another painful condition.

‘*Galair fuail* (gravel) causes great pain which can be eased by giving the sufferer a little whisky and water, hot and a little sugar in it’ (MacLagan 8844a.4).

The description of the pain as being severe is likely to have been correct since renal colic, caused by the passage of a stone down from the kidney to the bladder, is usually an extremely painful condition.

## **Fever and infectious diseases**

As an early manifestation of several illnesses, we can assume that fever must have been a very common feature associated with a variety of conditions, and in particular may often have been seen as an early symptom of many infectious diseases. The listing of this term from the Access database makes it likely that fever was an early feature of diseases, such as erysipelas and measles. Even though there were no thermometers available to measure the body temperature, an observant attendant would have been able to detect the hot skin, sweating and flushing and to seek confirmation by touching the skin lightly; often the patient would also have been aware of even a small increase in her/his body temperature.

Examination of the descriptions of fever shows several areas of associated interest including dreams and premonitions of death as being especially prevalent in illnesses associated with fever.<sup>76</sup> The fear of illness and its consequences was a common feature in everyday life, and the communal conversational sharing of such diverse experiences has led to their collection in the manuscripts. Sometimes, the fear of illness and death was a reason for a breach of the unwritten code of always offering mutual help and support to family and neighbours. A woman in Lewis had to nurse her ill husband without any assistance, probably because her neighbours presumed that her husband had an infectious disease (MacLagan 3402a) which, if it spread to

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<sup>76</sup> A common expression in Gaelic for nightmares in children was ‘*Tha fiabhras a ‘toirt trom-laighe air an leanabh*’ (Fever is causing the child to have nightmares)

themselves, might prove fatal to them and their families. Adjacent to the ruins of some of the old ‘black houses’ in the Outer Hebrides, there may often be found the ruins of a much smaller rough stone building; to this building, a member of the family who became ill with symptoms suggestive of tuberculosis or another infectious disease might be banished, lest the rest of the family would catch the same illness and succumb. Each morning food would be left at the door of the building for his/her sustenance, but might have diminished only to a limited extent the agony and isolation felt by the patient. A more supportive role from a member of the family is told in a recent publication *Croft History – Isle of Harris* (1994). One of the contributors, Donald MacDonald tells that ‘a brother of my grandfather died with smallpox. He caught it on the mainland. His father went to live with him in the barn, and nobody else caught it’ (Lawson 1994: 27). Sometimes, if it was thought that a person was thought to have died of the plague, one or two surviving members of the family would be left to prepare the body for burial without the customary assistance from any of the neighbours.

In many parts of the manuscripts, there are several accounts of dreams, ghosts and premonitions of death as they are also to be found in many other collections and publications on folklore of the Highlands and Islands, and, as noted previously, this was especially true for illnesses associated with fever. A possible explanation for this perceived association may not have a rational physiological association, but it appears to have been a genuine part of human experience, possibly precipitated by the effects of unmitigated fever on the human nervous system, causing delirium. It is possible that their perceptions of human life, their daily thinking and beliefs were such that their psychological and ‘normal’ mental processes, rooted in their profound



and shared oral culture, enabled internalisation of the 'supernatural' beliefs to the individual's visual and auditory nervous pathways to a greater extent than is seen in the twenty-first century. It may be postulated that the average person in this century being exposed to a continuous range of external visual, auditory and written stimuli, based largely on pragmatic scientific experiences of life, may not be so liable to experience the variety of extrasensory dimensions of dreams, ghosts and premonitions. A metaphor from current information technology might suggest that their beliefs constituted a 'software' package, which could be regularly accessed by fear of death or the occurrence of inexplicable happenings such that ghosts and supernatural experiences were visual expressions, reinforced by the telling and retelling of such episodes. From a more personal recollection, an elderly neighbour from Berneray, North Uist,<sup>77</sup> at the time of the introduction of electricity to the island in the early 1970s, predicted that the use of electricity in the island and the consequent blaze of light emerging from every house each evening, would rapidly diminish the 'seeing' of ghosts and 'shapes', simply because the shadows of the evenings and the diurnal rhythm of light and darkness were less evident to the islanders. In confirmation of his theory, ghost stories of recent provenance are now never heard in the island.

There are several cures suggested for fever including the use of several herbal preparations, such as briar (Maclagan 0796), and also it was thought to be helpful to cause the individual to perspire even more freely by heating the body in front of a fire (Maclagan 6601). This concept of using the 'bodily expression of disease' – in this case heat – to treat the disease, was known in Greco-Roman and Arabian

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<sup>77</sup> Coinneach Aonghais 'ic Ruairidh, Kenneth Macdonald (1898–1975).

medicine and can also be found in many descriptions from medieval medicine (Bynum&Porter 1993:Campbell 1926) It is now known that fever is caused by the effects of pyrogens<sup>78</sup> and, currently, scientific investigation continues to confirm the efficacy of some herbal remedies in reducing the body temperature, e.g. Chuhari leaf (*Alstonia macrophylla*), used for centuries by natives of the Andaman islands, has been shown to be as effective as the standard antipyretic drug, paracetamol, in reducing body temperature (Chattopadhyay et al. 2005) In the following Chapter 6, there is a fuller account of herbal medicines, including some whose derivatives have been shown to have a degree of therapeutic efficacy.

### **Infectious diseases**

The diseases mentioned in the manuscripts include measles, whooping cough, mumps, cholera, plague, small pox and rabies.

The manner in which various microbes give rise to infectious diseases has long been a matter of scientific theory and research. However, in tracing the growth of such knowledge and its dependence on the use of the microscope<sup>79</sup> for confirmation of the nature and characteristics of each group of bacteria, it is necessary to be aware that in many cultures that there was an awareness that disease was passed from one individual to the next by invisible ‘creatures’, long before the microscope was invented. This is found from different sources, including the writings of Alexander Carmichael from *Carmina Gadelica*. In this instance Margaret Macdonald, cottar,

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<sup>78</sup> Pyrogens are protein substances derived from bacterial components which can reset the thermoregulatory body centre such that the basal body temperature is elevated.

<sup>79</sup> The first practical microscope was made by Janssen in the Netherlands in 1595.

Obe, Harris, is quoted: ‘The old Highland people maintained that there were twenty-four diseases inherent in man and beast:

*Ceithir ghalaran fichead grùid, an aorobh dhuine is bhruid.*

Four and twenty dreg diseases, inherent in man and in beast.

The people said that all diseases affecting themselves and their flocks were caused by

*Fridich bheaga bhidich bhronach, làn nimhe nemha agus naimhdeis.*

Microbes small, minute, miserable, full of spite, venom and hostility.

The above quotation was thought to refer to ‘Rose’ disease, a name which was used for spontaneous redness appearing on a part of the body, possibly as result of infection (Carmichael 2006: 184–185).

Many were aware that some people were more prone than others to develop certain illnesses, but were uncertain why a range of susceptibility to infection existed, since little was known at that time about humoral or cellular immunity or their relationship to disease in the human body.

One condition which is mentioned on a single occasion is *Galar a’choigeamh oidhche* (The Fifth Night Disease):

a disease to which infants are supposed in Lewis to be liable on the fifth night after birth. It is considered a deadly disease unless it is taken in time and midwives are very careful when that time comes till it is past. Sometimes it attacks the mother, and if she takes it the child does not; but in the case of a mother, it is not nearly so serious as it is in the case of the child.

(MacLagan 8844a.4)

This is likely to be a description of postnatal puerperal sepsis, a serious condition of infection occurring after delivery of a child. It still exists, most commonly in Third World countries, though its incidence has fallen with the judicious use of antibiotics in susceptible patients.

Measles, mumps and whooping cough are three infectious diseases also mentioned in the manuscripts. The first two conditions are viral infections which are commonly found in children and young adults and, although highly contagious, are usually self-limiting. Whooping cough is caused by a bacterium, *Bordetella pertussis*; since it was not discovered until 1906, neither doctors nor patients named in the manuscripts would have been aware of the cause of this infectious disease. The frequency with which these infectious conditions occurred in late nineteenth century Scotland is largely unknown.

## **Mumps**

This is a viral infectious disease which causes swelling of the parotid glands in front of the ears and may cause difficulty with swallowing and eating. It is still commonly found in the Third World countries and in the Western world, there is a fluctuating incidence of occurrence.

There is only one description of this condition; some measure of relief was said to be given by the application of hot coarse salt around the neck and chin of the child – presumably because of the soothing effect of transmitted heat (MacLagan 0801b.3).

## **Measles**

Its occurrence is marked by a characteristic rash over most of the body, fever and malaise. It is an infectious condition seen mostly in children and is rarely associated with harmful side effects. Patients with this infection were said to benefit if mare's milk was given to them and this form of treatment came from Lewis (MacLagan 8816a.4). An old woman from Ledaig in Argyll was asked to attend a child with measles and she used a variant of the application of 'silver water' as treatment. She placed a coin in a bowl of water and asked another child to catch a trout in an adjacent stream and to bring it home alive. The trout was then placed in the patient's mouth, turned once and then placed in the bowl of silver water, a sip of which was then given to the patient for alleviation of his condition (MacLagan 1836a1). It is not recorded whether this affected the patient's recovery.

## **Whooping cough<sup>80</sup>**

In those times, whooping cough was a common and serious condition with the liability to cause severe respiratory complications and sometimes death in the affected individual. Its name is derived from the distinctive nature of the long drawn-out cough which is associated with this condition. It is now relatively rare in this country (though there have been some recorded outbreaks recently in Scotland) but it is still prevalent in many overseas countries, affecting young children. It may be associated with a considerable mortality if it progresses to a chest infection in the patient.

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<sup>80</sup> Whooping cough is so named because of the end stage 'wheezing exclamation' which can happen at the end of a bout of severe coughing.

It was said in an account taken from Islay that it was beneficial to the young person with whooping cough to be taken to the local smithy where exposure to the acrid smoke from the smith's fire was thought to have a curative effect on the patients lungs and would relieve the bouts of coughing (Maclagan 3104 a.1).

Another informant, this time from Auchtermuchty, Fife, told Miss Kerr, who was by this time resident in Edinburgh, that children with whooping cough would sometimes be taken to the local gasworks to encourage the inhalation of fumes, or at home they might be exposed to the fumes from burning sulphur (Maclagan 8539a.3).

It is not stated if either of these treatments gave any symptomatic benefit to patients – it is most unlikely that the progression of the diseases would have been affected. From Arran, the recommendation was that the child should be taken away from the village to be nursed in a cave in the north end of the island; as with many descriptions from the manuscripts, the reason for this was not given, although we may speculate that it may have been advised in order to isolate the patient from the other children and diminish their risk of catching the same disease (Maclagan 3555a.2).

It is possible that the references to the above-named conditions came indirectly from the diagnosis and naming of these conditions by the doctors in the community, rather than their being identified by the community healers. It is likely that, like most conditions in the manuscripts, they were named on a basis of 'pattern recognition' of the main features of the disease. None of these three conditions are mentioned in the writings of Martin Martin, who visited Skye and parts of the Outer Hebrides in the late seventeenth century.

## **Cholera**

This highly infectious condition is now known to be caused by a bacterium which affects the gastrointestinal tract causing vomiting and diarrhoea which, if severe and untreated, may lead to a fatal outcome. It was one of the most widespread transmitted diseases in the nineteenth century associated with a high mortality. Outbreaks were sporadic and frequent, and the condition is referred to on three occasions in the manuscripts. The name given to cholera in Lewis was *tinneas Rusianach*. ‘It got this name, it is said, because the disease came from Russia to Lewis and the other parts of the “Long Island” ’ (MacLagan 8844a).

In Easter Ross, during an outbreak of this disease, a Christian man dreamt of a black cloud which he took to be a representation of the epidemic; he and a friend then spread a sheet of canvas in a hole dug in the graveyard and within a short time, the outbreak ceased (MacLagan 8757 a.1). The symbolic significance of this description is not known, but it is possible that the canvas was spread so that when/if the ‘cloud epidemic’ came to earth, its nature was confined by the canvas and the likelihood of spread of the disease diminished.

An informant from Ardrishaig, Argyllshire includes tormentil (L. *Potentilla erecta* G. *cairt leamhnach*) as being helpful in limiting cholera (MacLagan 0081a1).

## **Plague**

There are 20 references to the plague in the manuscripts, with descriptions of the manner in which it induced widespread terror in all the communities which were affected by this highly contagious and dangerous disease. There are however, no accounts of the clinical features, how the disease presented in patients or its

progression in each patient. The Black Death is the name by which it was best known since it spread through Europe in the fourteenth century, causing the deaths of approximately 25 million people.<sup>81</sup> The Great Plague of London in 1665–1666 is well documented for the grave effect which it had on the city and the surrounding areas and it also was widespread in Vienna in 1679. It appears not to have reached Scotland until 1645 when soldiers returning from the European conflict of the Thirty Years' War (1618–1648)<sup>82</sup> brought the disease back with them. More isolated outbreaks happened subsequently, including an outbreak in Leith in 1905.<sup>83</sup>

It is known as the bubonic plague because of the glandular lymph node swellings which are a prominent clinical feature (L: *bubo*- swelling) and the Black Death was its eponym because of the blackness of the patient's skin in the terminal stages of the disease. The clinical features of the disease are not given in the MacLagan Manuscripts, but there are several accounts of the terror caused in the populations affected and the actions taken to avoid catching such a deadly condition, always in the context that the causative bacterium, *yersinia pestis*, was not known nor its mechanism of spread. The main geographical sources of the accounts were Islay and Jura – and Glen Lyon in North Perthshire.

David Campbell from Camusbhreachdan in Glen Lyon gave his account to the collector Elspeth Kerr, as reproduced below.

Long ago when the black plague came to the country, it made its appearance first in Fortingall, and it was so terrible that all the people there died except one old woman; and it fell to her to bury the dead. Being left to face the duty entirely alone,

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<sup>82</sup> Murdoch S. (2001) *Scotland and the Thirty Years' War*. Brill Leiden

<sup>83</sup> Source [trove.nla.gov.au/ndp/del/article/89736095](http://trove.nla.gov.au/ndp/del/article/89736095) accessed 22/03/13



without a soul to help her, it is said the plan she took was to get the bodies on a *slipe*,<sup>84</sup> to which she yoked a white horse, and the bodies were dragged to a hollow where they were left to decay under the elements; and later on a cairn came to be raised over them. This cairn is still there and is called the ‘Cairn of the Dead’. When the plague began to spread up the glen, the people, panic stricken, appealed to their St. Eonan,<sup>85</sup> who had his chapel at Milton. The words of their appeal to him were:

*Eònan nan gruaidhean dearga,  
Eirich is caisg plàigh do shluaigh;  
Saòir sinn, Eònan, bhon bhàs,  
Is na leig oirnn e, nios no nuas.*

Eònan of the ruddy cheeks,  
Rise and stay the plague of thy people,  
Save us Eònan, from death,  
Nor let it lie on us, from below or above.

The appeal was not made in vain. Eònan gathered all the people of the glen to Craig Fhiannaidh, Rock of the Fingalians (Glen Lyon) and standing on a little hillock, upon which a roughly shaped cross now stands and is remembered as a memorial of the event, he offered up a prayer. Meantime, a boy who had been smitten by the plague lay dying in a house hard by; and he having died during the service, was buried beside where the stone cross now stands. After prayer and the burial of this boy, Eònan inspected the people, separating those whose buildings had not been touched by the plague, from those who were affected by it. Those ‘sound in body’, he ordered off to the mountain sheilings, while he took on himself the task of attending to the sick who were left behind. Those who had been served the ‘notice of isolation’ survived while many of those left behind did not. The result was that the plague died out in the glen; and after that the people were more than ever attached to Saint Eònan and would do anything for him.

(Maclagan 9171a.1)

<sup>84</sup> *Slipe* [Low German]; sledge.

<sup>85</sup> St Eonan is the alternative name by which St Adomnan was known. He had also come from Ireland and became St Columba’s biographer.

This description does suggest that there was a strong dependence on individuals from the church in times of major illness and crisis, many of whom practised beliefs which had been transferred from their pagan antecedents, to which had been added the healing authority and beliefs in their Christian saints. It is likely that they would have been sustained in their duty of helping the poor and healing the sick by the many examples sourced from biblical scriptures. Also, the above example of separating those who were healthy from those already afflicted by the disease, does suggest that there was an understanding of the infectious nature of the plague. Apart from serious illnesses, such as the plague, it has already been noted that many of the minor illnesses would have resolved spontaneously because of the natural healing properties of the body, and it is likely that in such instances, the resolution would have been attributed to the intercession of the saints which would have enhanced their healing reputation and would subsequently have formed part of the intergenerational transmission of oral healing culture.

A rather different perspective on the plague and how it came to be seen in Islay is evident in three other separate accounts. (In the absence of clinical details, it may be that the descriptions are used in a metaphorical declamatory sense.) In the first account collected from Nerabols (Maclagan 6315a.1), it was said that the plague was deliberately brought to the island by Captain Walter Campbell, an Islay laird, with the connivance of the wife of a local English merchant. When doctors were asked to see the patients, it was said that they hastened the demise of the patients and may even had a hand in bringing the plague to the island, according to a second tale (Maclagan 5221a.3), on this occasion collected from an informant in Port Charlotte. The third account of the plague in Islay (Maclagan 6315a.1) also alleges that the

people of Islay were deliberately infected with the plague when the potato crop failed<sup>86</sup> and the meal was very expensive. Again the doctors are accused of dispensing the wrong medicine to facilitate the spread of the disease (MacLagan 5198a).

These three accounts from Islay may each in turn have been used to indicate a degree of antagonism which existed between the landlords and the crofters and cottars in the island, during the land disputes in the 1880s and 1890s. These were partly alleviated by the passage of the Crofters Act through the House of Commons in 1886, which reduced the crofters' yearly rentals and gave them security of tenure. It does seem possible that the Captain Walter referred to in the above account was Captain Walter Campbell, local landowner and builder of Foreland House in Kildonan.<sup>87</sup> It is probable that the doctors in the community would have enjoyed good relationships with the land owners, since they may have shared similar educational and social backgrounds, and doctors' earnings, meagre though they were, came largely from landowners' and farmers' fees and not from the impoverished cottars and fishermen. Hence the allusion that the doctors were active in spreading the plague, rather than offering healing, may have arisen because they were judged to be colluding with the landowners. Unfortunately, there are no specific details of the nature of the illness called the 'plague' in any of the accounts and it is possible, at least on some occasions, that the infection was typhus, rather than bubonic plague. However, the use of the word 'plague' would lower the position of the landlords even further in the popular estimation, if they were believed to have deliberately introduced it to the

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<sup>86</sup> The first failure of the potato crop in Islay is said to have happened in 1845 (Storrie 1997: 147).

<sup>87</sup> Captain Walter Campbell (1798–1855). was laird of Islay for 36 years

island. In the New Statistical Account (1845) for the Islay communities, there is no record of the plague being present within the lifetime of the contributors. In ‘Islay: Biography of an Island’ (Storrie 1997), the occurrence of plague is not mentioned, nor does it feature in the many transcriptions derived from the collection of Elspeth Kerr.

From Jura, there is a brief record of a family all having died from the plague, and the response of their terrified neighbours was to bring the roof down on the bodies of the diseased and to leave them unburied, as was seen by the informant (MacLagan 8528a1).

It is always possible that some of the deadly diseases mentioned may not have been the plague but some other highly infectious condition, but without some more detailed descriptions of the symptoms and signs of the disease, this cannot be confirmed. The Gaelic word for plague continues to be used, in a metaphorical sense, for a person who has personal traits which were not acceptable to his neighbours or acquaintances; he might be described ‘*Nach ann a tha a’ phlaigh*’. (Literally-is he not a plague!)

## **Injuries and physical interventions**

Under this topic may be included the diagnoses of all limb and body injuries which are described in the manuscripts as sprains or strains affecting muscle or tendon, bone fractures requiring the attention of the bone-setter, and superficial cuts and bruises of the skin. There are no accounts of internal body injuries since often there would have been a fatal outcome before any assistance could be obtained.

The general term sprain is still in common use as indicating an area of the body where pain is felt, usually in a superficial part, which may be adjacent to a joint; the injury in the muscle or tendon may be accompanied by rupture of a small blood vessel within the tissue. It may have been caused by unaccustomed exertion or by attempting to lift a load in an inappropriate position, or one which may have been too heavy for the individual. It often has its origins in a muscular part of the body; where felt in the back it can be called lumbago. It will be obvious from the above brief description that there may well be several unrelated causes for a ‘sprain’ as commonly known. Hence, both the nature of the underlying pathology and its stage – whether early or late in its manifestation – will influence the extent to which it may require investigation and treatment in modern medical practice. Hence, similar to the description of many conditions in the Maclagan Manuscripts, it is not often possible to clarify whether the symptoms belong to the same or different disease processes.

Possibly because much of their living required hard physical labour in the fields, or while fishing, with boats needing to be pulled up and down the shores, it is not surprising that there are several descriptions of sprains and the methods of treatment. The two following descriptions come from Lewis and are valuable because of the accompanying details of the techniques used.

*Glacadh-cleibh* (E.catching of the side) is a sprained side. This is treated in Lewis in the following manner.

The person to be cured is made to lie on his back on the floor, and a strong person standing over him in straddling form, passes his hand under the patient’s body and lifts him bodily off the ground. The weight of the body kept in this way balanced on the hands who has lifted it, is supposed to draw

the strained parts into their proper place and thereby to cure the person.

(MacLagan 8843.a.2)

While it is sometimes said in the descriptions that the patient was relieved or cured of his/her complaint, it must always be remembered that many conditions were self-limiting in their duration and effect. There are several examples given (MacLagan 9041; MacLagan 9194) where the treatment was administered for a sprain – *sgeith feith* (E. strain of a tendon). However, the term *sgeith feith* also seems to be used as a name for the coloured thread which was used in healing. The person applying the cure would use thick woollen thread and apply a simple knot at regular intervals before it was tied on or around the affected limb. In many descriptions as each knot was tied, the individual would chant a line and then progress to the second knot, this time linking it to a second line of the chant. It is clearly described by a Mrs Macrae, Viewforth, Edinburgh, who sourced the description from Loch Carron in Wester Ross. Although the name of the collector is not given, the handwriting is Miss Kerr's who, after her extensive collection of material in Islay, had come to live in Edinburgh in 1911. As is often described in *Carmina Gadelica*, invocation of Christ and His healing of the sick is used as in the following comparable charm-incantation.

*Nuair a chaidh Crìost a mach (snaim),*

*Fhuair e casan nan each briste*

*Chuir e cnamh ri cnamh (snaim)*

*Feith ri feith, feoil ri feoil (snaim)*

*Agus marsin tha mise ga do dheanamh slan (snaim)*

When Christ went forth, (first knot tied)

He found the legs of the horse broken.

He placed bone to bone (second knot tied)

Tendon to tendon and muscle to muscle (knot)

And likewise, I render you healed.

(Maclagan 9041a.1)

In another example, the *sgeith feithe* is similarly knotted and then sent to the sufferer who applies it to the affected part, inducing the process of ‘distance healing’.

A special stone kept by a person in the community could also be used in similar circumstances and usually it was applied to the painful area and could be moved as necessary on the skin overlying the painful area (Maclagan 9079).

Such beliefs, whether related to stones or threads, did not always meet with the approval of the local clergy. In an item remembered by the Reverend Norman Macdonald, minister of Alvie, from his youth in Applecross, he recalls:

A man belonging to the district of Ereadle had a stone that was said to have been taken from the river Jordan and was called ‘clach-greim’(pain stone). This stone was supposed to cure people of pains wherever they might be found throughout the body and was in great demand among the natives. Where ever one had an attack accompanied with pain of any kind, the stone was sent for and often great distances, for it was widely known and greatly believed in. It was about four inches long and about an inch or so thick. It was applied to the skin at the seat of the pain. The minister having got to know about it, and how it was in so much respect by the people was offended by their superstitious veneration for it and he applied to one of his elders to get a hold of it and to bring it to him. When he got hold of it, he brought it with him on Sabbath to the pulpit and preached on the worshipping of idols and false gods, remarking that he had seen and heard of many false gods: and holding the stone in presence of the congregation, he declared he had never seen or heard of any god so false as the god Ereadle.

(Maclagan 9081)

Whether this had the desired effect on the beliefs of the congregation or whether the stone was no longer used in the community, is not recorded; however, stones and

amulets, if revered, continued to be regarded as media through which healing could be accessed for many years, even into the twentieth century.

Lumbago (*G.leum-droma*) is a common condition synonymous with backache; in this condition, the patient may have suffered from muscle strain following exercise or the lifting of a heavy object. It can be extremely painful and in a short episode from Barvas, Lewis there is a description of how this was treated.

‘A girl who was born feet first (breech delivery), was often asked to walk bare foot on the backs of sufferers from this condition, and many sufferers have great confidence in the application of the performance’ (MacLagan 8843c).

The same treatment is recorded as being effective when performed in South Uist, Outer Hebrides, being recalled by an informant in 1963 (MacDonald 1963: 36).

It is noteworthy that although in both above descriptions, there has been no mention of the use of an accompanying charm or incantation, the procedures were described as ‘performances’. Another Gaelic term used for lumbago is *Tinneas-leasraidh* (E.. sickness of the side)

There are several accounts of bone injury, such as a fracture of bone(s) in the arm or leg which might be accompanied by a joint injury. In a simple fracture, the continuity of the bone is maintained though often the bone may lie at a distorted angle. In the much more serious compound fracture there is continuity with a breach of the adjacent skin and with the additional risk of infection in the fracture, there is a high risk of a fatal outcome if untreated.



Dr Donald Masson in an address to the Gaelic Society of Inverness said that he had great respect for the bone-setters and indeed he himself had received treatment for a dislocated shoulder from such an individual. He comments:

the art was not altogether ‘mere rule of thumb’; for the bone setters had their own secret, jealously guarded, and with much care handed from father to son. Nor were they so entirely ignorant of the human skeleton as some modern critics would have us believe

(Masson 1888: 305 )

Andrew Sutherland, an informant from Bonar Bridge, gives a first-hand account of how his own injury was treated by a bone-setter. He prefaces his description with the comment that, ‘The gift of being able to cure, ran often in families, but the strange thing was that it was only one in a family that would have it.’ He continues:

One time I got my shoulder out of joint and I was at two doctors with it, but they both failed to put it right, and I suffered a great deal with it, being for weeks going about with my arm in a sling and for the life of me, I could not put my hand to my mouth. Some person advised me to go to the bone-setter that was in it in those days. His father before him had been a bone-setter.

(MacLagan 7984.2)

If a person sustained a serious injury, it is quite possible that external bleeding from the skin or the underlying tissues would follow and add a significant risk to the patient’s recovery or survival. Control of bleeding was also called ‘blood-staunching’ ((*G. casgadh-fola*) where the patient had sustained an injury which caused bleeding from some part of the body; if the skin or underlying structures were the source of bleeding, this would have been obvious, while sources of bleeding from the internal organs of the body would have been undetected, though potentially more dangerous to the patient.

There are descriptions of the need to control bleeding when the patient sustained injury. This could be done through the application of pressure by the injured person or the nearest relation or the use of different herbs even before the assistance of any local healer was sought. In many village communities, the individual who was often asked to help was the blacksmith, whose strength and manual skills in his own work could be adapted for the manipulation of broken limbs and the control of bleeding. Village blacksmiths were often accredited with supernatural powers, since onlookers would often not understand the physical processes by which he was able to use heat in shaping and forming metal structures, such as horse shoes, ploughs, and swords for previous generations.

From Kinlochewe, Ross-shire (Robertson 1905: 286) there is an account of a man who cut his finger severely, and after his own attempts to control the bleeding failed, ‘a man at Turnaig who had the power of staunching the flow of blood was sent for’. However, even after three attempts to control it, the bleeding recurred and he asked the patient’s friends that another healer from Kinlochewe be sent for, named ‘Macrath *caol*’ – slender Macrae. He, like the first healer, bound up the finger twice, and yet bled again.. In what was now becoming a desperate situation for the patient, Macrae bound up the patient’s finger a third time and then Macrae himself promptly fainted. The bleeding ceased on this occasion. The bystanders asked Macrae why he had fainted. He replied that ‘he had had to put forth his whole power the third time and that the exertion had caused him to faint’. This anecdote suggests that the practice of healing skills was understood to make both physical and emotional demands on the healer’s personal physical and psychological integrity. It is known from twentieth-century writings that mental stress may be experienced by members

of the medical profession in the course of their work, and that this has to be recognised and managed (Kleinmann 1988).

### **Skin Conditions**

These feature regularly in the manuscripts probably because many skin conditions of a simple nature were common and could be recognised by the members of the community, especially those who were recognised as healers. The sequence of events leading to healing or deterioration would have been noted by the patient and his family, even before the advice of the healer or doctor was sought. Common clinical conditions would have included skin infections, such as erythema, abscesses and boils, as well as warts, corns, bruises, cuts, rashes, erysipelas, scalding, burns and also skin bites from a variety of insects. Catherine Mathieson from Barvas in Lewis, Outer Hebrides, provided several descriptions of diseases, including the following:

*Mialan-crionna* is a form of disease well known in the island of Lewis. It is an eruption which takes place on one's legs arms and hands and is supposed to be caused by small insects which bury themselves in the skin. There are some in the island who have the reputation of being able to remove the insects; they are mostly elderly women.

(MacLagan 8843a)

There are also references to dog bites (MacLagan 7982a.1, 8817a, 3106a) which were thought to be a serious condition, because the risk of rabies which could lead to a fatal outcome<sup>88</sup>. There is no information available of the frequency of this condition, nor is there sufficient information available to allow the diagnosis to be substantiated retrospectively. If the dog was thought to be mad it was killed, but if not, it sufficed if water was put on the animal's teeth and this water used to wash the dog bite which

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<sup>88</sup> Rabies as a highly fatal disease thought to have existed for thousands of years; its causative virus was discovered in 1879 but it is unlikely that this information would have been known in the late 19<sup>th</sup> century in the Highlands.

the patient had suffered; this water was called *iocshlainte* in Gaelic, a term which is now used to mean any health cure.<sup>89</sup> Again any local management would occasionally be supplemented by the incantation of a charm.

Ringworm is a reddish circular discoloration of the skin and is often mentioned (Maclagan 5521a) being caused by a fungal infection of the skin, especially where sanitation is deficient. Sometimes it may be self-limiting and hence its resolution could be attributed to the use of a charm. *Teine Dè*, usually known as St Anthony's fire or 'Fire of God', was the name given to ringworm in Lewis. It was noted by the informant from Lewis that the infection could spread in circular fashion and when the two 'ends' of the circle began to extend and come near to each other, the prognosis for the patient was thought to be poor (Maclagan 8844a.2). It is unclear why it was thought to be a lethal condition, for though often it is a skin condition which may take a long time to regress, it is not normally fatal; in Loch Broom, the term *teine Dè* was the name given to shingles, a cutaneous rash of varying distribution which is caused by a viral infection.

If a person sustained a cut of the skin there was always the chance that it would become infected and form an abscess. The inhabitants were aware of the value of poultices as treatment and the following poultice recipe 'was in good demand in the Long Island'. It was made up of equal parts of *Biadh a Eunain* (wood sorrel), *feuran* (Sives) and *biolair* (water cress). These substances were boiled together and applied to the affected part in the form of a poultice, as hot as could be tolerated by the patient (Maclagan 8844.5).

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<sup>89</sup> *Iochslainte* ; in Dwelly's Dictionary it is given several meanings-balm , remedy or medicine.

### **Burns and scalds**

In most of the houses in common use at the time of collection of the manuscripts, the open unprotected fires would have been situated in the middle of a clay or stone floor and hence the risk of small children being burnt through falling in the unguarded fire must have been considerable. To compound the problem, living room space was often restricted; many families were often large and hence some degree of congestion might have been a precipitating factor. One may also speculate that many of these burns may have occurred in the winter and spring when families were more likely to be confined indoors.

There are several recommended cures most of which give prominence to regular changes of dressing and application of poultices; the latter were made by mixing animal fat, or butter, with a variety of herbs. If young children were the most frequently affected, it is likely that with this treatment, many with small superficial burns would have made a good recovery without much facial or limb scarring, but this would not be true of those patients who sustained deeper more extensive burns, and indeed it is likely that of those who sustained severe burns, many would have died. Whatever the nature of the constituents of the poultice, regular changes of dressing before the application would have been beneficial in soothing the patient and minimising the risks of serious spreading infections.

The following illustrative accounts are taken directly from the manuscripts as treatments for burns.

‘Penny Royal (*G. peighinn rioghail*; *L. Mentha pulegium*). This plant beaten thoroughly and mixed with lard makes a good healing ointment in cases of burns’ (MacLagan 4913a).

‘Another burn ointment made by the informant’s mother had the following ingredients – *Lus Cu Phadruig slan lus* (E. ribwort), *crotal a chreig* (E. stone lichen), *Bun nan neonan* (E. gowan root) and *ruisg an dromain* (E. bark of the elder tree). These items were well stewed in fresh butter and then applied as necessary’ (MacLagan 4912).

‘The white juicy part at the lower end of the common dock leaf (*copag*), when boiled in fresh butter was also believed to be effective in burns’ (MacLagan 4912a).

‘Preparation and use of shells to make a drink and a balm for burns

(MacLagan 0802b.4).

The nature of the shell contents was not noted; they may simply have been used to carry water for bathing the wounds.

In written sources dealing with the traditional ways of treating burns, there are many references to the use of immediate application of cold water, and this is also advised today in simple first aid medicine to minimise the area of injury to the skin and to afford some relief from pain (Hatfield 2004: 55). Herbal preparations are also widely recommended from other sources, such as crushed elder leaves, chickweed or primrose, often used with boiled butter. The healing qualities of milk were also recognised, especially after it was boiled; seal oil was said to be soothing, and a

fungus puffball (L. *Bovista nigrescens* G.balgan-beiceach ) was also applied (Beith 1995: 168, 181, 236).

It does seem very likely that skin infections would have been a common occurrence following insect bites, cuts, and bruises of the skin, and the use of poultices is mentioned several times, including the kind previously mentioned with the constituents of wood sorrel, sives and water cress.

## **Diseases of the brain**

The two main diseases of the mind which are mentioned in the manuscripts are epilepsy and insanity.

### **Epilepsy**

Epilepsy is still a common condition in which the affected patient can be the subject of episodic clonic fitting, followed by a period of unconsciousness, often occurring without advance warning. It is a distinctive neurological condition which would have been recognised at least in its more classical presentation, by lay observers. In many descriptions from folklore sources, it was attributed to the sufferer being possessed by evil spirits. In the middle of the eighteenth century, sufferers from mental disorders would have lived in their own community being cared for by their families, but by the end of the century, the majority of the recognised ‘lunatics’ were kept in public asylums, licensed houses or in the lunatic wards of the poorhouses. If the patient happens to be in an exposed position at the onset of the attack, he/she is liable to fall and could sustain a laceration of the skin, bruises or more serious injury. Fortunately, there are now effective prophylactic drug treatments which reduce the risk of fitting and consequent injury.

There were no such treatments available when the information in the manuscripts was collected, and it is likely that the person who suffered from repeated attacks may have had visible scars on face and hands which would have identified the individual as having epilepsy – an observation known in the Outer Hebrides until at least the 1960s (personal observation). As will be seen from the examples given below, this disturbing disease was managed by recourse to forms of treatment which were drawn from beliefs in the supernatural causes of the ailment. The extent to which it would have interfered with the patient's life would depend on the frequency with which 'fits' occurred. Starting frequently in childhood, the patient would in all probability be labelled as likely to suffer from this disability for the remainder of his/her days; in some instances, the individual might even succumb to an attack, especially if he/she had a fit outside in an exposed situation and fell down a cliff or into deep water.

There are two reports from Applecross, Wester Ross (MacLagan 6444a; MacLagan 64540a), which indicate that two patients had been cured after drinking from the skull of an individual who had committed suicide. This form of treatment is also mentioned by Robertson (1905: 284), where the sufferer is advised to have three drinks from a running stream, one in the name of each Person of the Trinity; he is also told before he drinks that if he 'believes' in its alleged efficacy, he will be cured. In many forms of alternative and conventional medicine, it has been shown that if the patient has a measure of belief and confidence in the proposed treatment, this can have a positive effect on the outcome of the treatment (Beneditti 2009). There were also 'serpent cures' in which a split serpent, or a split black cockerel, was applied to the head of the patient.



## Insanity

With the advances which have taken place in the diagnosis and management of psychological disorders, especially supportive therapy, this descriptive term is no longer in common use. In the nineteenth century, this term would have been applied to some members of the communities who were perceived as behaving in an unusual manner and may not have been able to take part in normal conversations or daily labour. A few would also have had some degree of physical deformity. However, there are no clear indications from the manuscripts of what criteria were used in labelling someone as being insane, though it is probable that the physical appearance of those with a degree of mental impairment would have attracted attention. Experienced parents would also have noticed the unusual behaviour of a child thus affected from an early age. Sometimes, there would have been a measure of enlargement of the head accompanied by some impairment of the mental faculties. In this condition, the whole brain is smaller because of the pressure from the surrounding cerebrospinal fluid which fails to be absorbed. This medical condition, called hydrocephalus, may have been the basis for a common Gaelic expression:

*Ceann mòr air duine glic, ach mar is trice air amadan.*

A wise man may have a big head but more commonly it is seen on a fool<sup>90</sup>.

There are many legends in Celtic and Scandinavian folklore suggesting that those children who had abnormal physical features would have been labelled as ‘fairies’ who had come into the family, replacing the normal child.

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<sup>90</sup> The description of a child as an ‘amadan’ (fool) was not used as a derogatory term but as an implication that she/he would require special care and attention by family and friends with whom they came in contact.

Most people would have not been in a hospital or institution, or have had the benefit of medical examination or diagnosis, but would have been remained within the extended family and the community: indeed such an environment would have been supportive for the patient and likely to afford him/her some solace, despite the intrinsic disease. It is likely that the causes would have included inherited genetic conditions, such as Down's syndrome<sup>91</sup>, or birth injuries and oxygen deprivation during childbirth, but putative causes are not mentioned, presumably being unknown. There would not have been any way of assessing the degree or severity of the conditions. There is an account by Mr Ferguson, North Uist, of a woman who was found in the proximity of a stream called *amhainn-loinn* (E.stream by a loch):

*Amhainn-loinn* is a little stream in North Uist and it is said that a long time ago a woman who had become insane through some trouble wandered from home and was for a long time lost. At last, she was found making a song and singing it to the deer. This led to her discovery and to her being brought home. She had lived with the deer all the time. Only two lines of her song exist:

*Tha iad a' innseadh steach san tir*

*Gu bheil sinn aig amhainn loinn.*

They are telling in the land,

That I am at the loch-stream.

(MacLagan 2346a.2)( writer's translation)

One of the earliest individuals in Scotland who saw the need for greater care and attention to be given to such patients, was Sir Arthur Mitchell (1826–1909), a doctor who was an early advocate of the building of hospitals, or asylums as they were known. He was also a keen antiquarian in the late nineteenth century, and wrote extensively on many subjects within his own field and also on mental illnesses. The

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<sup>91</sup> Down's syndrome is an infantile genetic disorder which retards physical and mental development being first described in 1846 by Dr. John Langdon Down(1828-1896)

first asylum institution to be built in the Highlands was Craig Dunain, Inverness in 1864 and it served the population of the North West of Scotland till 1969.

### **Miscellaneous medical conditions and their treatments**

There are a number of conditions and treatments which cannot be easily set within a suitable category because the criteria for their inclusion cannot be placed in a logical descriptive medical setting. However, in the interests of supporting the authenticity of the sources of the Maclagan Manuscripts, it is judged desirable to provide some examples of the unusual diseases and treatments which were sometimes used to try to relieve some complaints. In all types of traditional medicine, there always seems to be a desire to find relief of the patient's complaints by whatever means were known to the healers.

### **Bloodletting**

The practice of bloodletting has a long history and is found in many records derived from ancient writings in Greek, Roman, Egyptian and Mesopotamian civilisations. Hippocrates believed that bloodletting had a similar effect to female menstruation in clearing the potentially harmful effects of an imbalance in the body 'humours'. These were said to be blood, phlegm, black bile and yellow bile, corresponding in classical Greek mythology to the main natural elements of fire, water, air and earth. It was thought that an imbalance of these elements was responsible for the onset and progression of many illnesses and bloodletting was believed to be one method of restoring the balance.

It fell to one of Hippocrates' pupils, Galen (AD 129 – c.AD 200) a Roman physician, surgeon and philosopher practising mainly in Rome, to bring the practice within the

scope of the medical profession with a series of recommendations as to its perceived efficacy. The application of leeches<sup>92</sup> to the skin was thus used from Greek and Roman times up to the eighteenth and nineteenth centuries, but this treatment does not feature in the Maclagan Manuscripts. From medieval times onwards bloodletting continued to be used, even after the dissection of the human body and recognition of the distinctiveness of the anatomy, there was only limited progress in understanding the causes and development of many diseases. Hence, throughout Europe, ‘pattern recognition’ and ‘group classification’ of clinical symptoms gradually became the basis of the diagnosis of common diseases, and for some named disease entities, bloodletting was thought to be beneficial. It was a Scotsman, William Hunter (1718–1783), anatomist and physician practising in London, who first described the circulation of the blood in the human body in *De Motu Cordis*; hence, based on his knowledge of human anatomy, he became increasingly sceptical of the theoretical basis of bloodletting. Nevertheless, it continued to be practised in Europe until the beginning of the twentieth century and also in the United States of America. There were often no guidelines as to how much blood should be removed from a patient and thus it could be a dangerous undertaking. It is thought that the bloodletting from the application of leeches to which George Washington, President of the United States of America was subjected after a fall from his horse, contributed to his demise in 1799. Even as late as 1923 in a textbook of medicine written by Sir William Osler, bloodletting was still recommended in certain limited circumstances.

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<sup>92</sup> Leeches belong to the family Phylum Annelida and are still available for limited use in plastic surgery where their reduction of blood clot accumulation may promote healing of skin grafts.

Bloodletting was still a common practice in the Highlands of Scotland at the time when many of the contributors to the manuscripts were living, and since the intergenerational transmission of oral culture was still strong, one can accept the veracity of the accounts, which are reinforced by the similarity of the accounts from different geographical sources. In Gaelic, bloodletting was called *tarruing fola* (E. drawing blood) and was often done by the blacksmith. The main sites of origin for venesection were the upper or lower limbs, and by opening an obvious vein, the blood was allowed to trickle into a basin or vessel; another method of inducing bleeding was by scarification of the skin with a sharp instrument and this is recorded only on a single occasion in the manuscripts.

The indications for bloodletting are not always given but one of them was to relieve sprained limbs (MacLagan 0802a). A man from Islay, Mr McLellan, relates that when he used to live in the Island of Lewis, Outer Hebrides, the practice of ‘bleeding for cure’ was commonly used, again by the local blacksmith. He was a firm believer in it as a cure for a variety of ailments, especially for sprains and ‘hot and cold’ episodes (presumably resulting from fever and infection). However, Mr McLellan in his next story, originating in Kintyre, records another incident dating back 70 years ‘which throws light upon the free and easy manner in which those folk doctors often did delicate work in an indelicate and even dangerous manner’. A man fell off his horse and sustained a sprain injury to his foot. He sought the help of the blacksmith, who was also his good friend, and he undertook to perform bloodletting for him.

Preliminary to the operation the bottle was produced and they had a dram, after which a tub was placed beside the chair, in which there was hot water, which was intended to aid the flow of blood. Everything having been got in readiness, the

vein was opened and the foot placed in the tub. Now they had another dram and ‘craic’ and enjoyed both so well that they had no thought of how the foot was doing, until the smith’s wife, who was going about her household duties, happened to come to the room in which they were – and brought them to their senses! ‘Is it sitting there with the bottle you are Duncan (her husband) and the man’s foot bleeding all the time!!’ This of course put a stop to the conversation between the worthies, and led also to a stop being put to the flow of blood, and according to both of them, not a moment too soon!

(Maclagan 2874a.1).

However, despite the serious danger to which he had unwittingly been exposed, the patient continued to have a good word for his friend the blacksmith, and said that he had been responsible for his cure.

An awareness that the bloodletting procedure might be dangerous, comes from another Islayman, who gives a first-hand account of how he nearly lost his life after being bled for a fever, by his uncle-in-law. Afterwards, he felt so weak that it was thought he was going to die and the local minister was sent for; he was said to have some knowledge of medicine and having seen the boy in this low state, he said that had another ‘gill been taken from him, he would not have lived’. This gave the uncle-in-law such a fright that he gave up the ‘practice of bleeding’ entirely for the rest of his days (Maclagan 2876a).

This last anecdote once again shows that in many areas of the Highlands, some ministers had gained basic knowledge of the human body and medicine, either from their earlier education in the cities or from their reading of some of the home remedy textbooks which were becoming increasingly popular, or possibly from their conversations with local doctors – if there were any in the vicinity.

Shock therapy is the current term given to the occasional use of electroconvulsive therapy in the treatment of severe mental depression, which is still used for highly selected patients. It is not comparable to the manner in which the term was applied in the manuscripts when there are descriptions in which an element of surprise was used to relieve fairly common conditions, such as yawning and hiccupping. However, the following example does, to an even much more unorthodox application of shock therapy.

A man once fell into the River Clyde and by the time he was got out, he was dead. Two doctors were got but they both said they could do nothing for him now, for he was dead. At that moment, a Highland carter was passing with a load of bricks, who when he saw the drowned man, took one of the bricks out of the cart and lifting it high above his head, threw it with all his force on the man's stretched legs, and broke one of them. This made the drowned man start, and he sat up! 'There now' says the carter to the doctors 'You can sort his leg, although you could not bring him to life! I have brought him to life and leave him to you to do what you can' and with that he returned to his horse and cart and went away.

(Maclagan 3108)<sup>93</sup>

It is known that the infliction of pain on the human body may act as a respiratory stimulant, even when used in a less invasive manner than described above; it is not known if the carter was acting from his own intuition or whether he had known of the effect of pain in stimulating respiration. Although the patient began to breathe after the unconventional intervention, it is possible that he would now have had a compound fracture of his leg and with the breach of his skin as an additional part of the injury, he would be at considerable risk of losing his limb or even his life, from infection of the wound and systemic sepsis.

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<sup>93</sup> In perusal of some of the accounts in the manuscripts, it is surmised that some descriptions are apocryphal in content- of which this may be an example.

## **Hiccups**

This is an easily recognisable condition, affecting children and adults, which is due to repeated uncoordinated contractions of the diaphragm, being frequently self-limiting and often of no permanent significance. However, if prolonged and intractable, it can be extremely upsetting to the patient if severe, especially for children. There are some examples of this condition in the manuscripts. A young girl who was becoming exhausted with this condition was taken by her mother to the local minister for help. He invited them into his room and asked them to sit down. The girl started to sit, but at the last moment, he withdrew the chair so that being completely unsupported, she fell backwards on the floor! She was startled by this unorthodox intervention, but it is said that this ‘shock’ cured her hiccups instantly and she and her mother returned home, well-satisfied with the minister’s cure. This form of treatment could be said to be a home remedy, which could also be delegated to the mother should the hiccups return (Maclagan 0793a.2).

## **Healers, doctors and their patients**

In this section it is proposed to look at the manner in which the older traditional healing methods used in the different Highland communities were selected and used by local healers whose role in rendering help to those who were ill was gradually being replaced by doctors; to discover how the two groups regarded each other’s approaches to disease and healing; and to search for opinions expressed by patients about healers and doctors from their experience of how their complaints and diseases were managed by representatives from each group. This particular objective has not been previously researched from primary Highland oral resources based on the subject of health and disease, such as are found in the Maclagan Manuscripts,



although there are many individual descriptions of the variety of cures and charms common in many different parts of Scotland (Buchan 1994; Carmichael 1928–1971; Masson 1888; Grant 1989). It will be necessary to search for the similarities and differences in the approaches chosen by both local healers and doctors in dealing with their patients – to the extent to which it is possible to do so within the diverse and varied descriptions of health and disease in the manuscripts.

Since there were individuals to whom the powers of healing were ascribed before the learned skills of doctors became available, it seems appropriate to consider the values the healers embraced and techniques which they used, how they were thought to have obtained their skills, and whether they or their patients judged their treatments to be effective in different situations. As has been stated previously, the main limiting factor in seeking to arrive at coherent logical conclusions with regard to the efficacy of the variety of treatments offered is the relative absence of firm reproducible diagnostic criteria for some of the diseases named in the manuscripts. This obstacle may be inferred to be particularly true for conditions labelled as ‘internal body complaints’, which may in turn explain the adoption of supernatural explanatory cures, such as the belief that frogs and serpents could live in the patients ‘innards’ and be the cause of vomiting and wasting of the body or the application of a freshly killed black cockerel being applied to the head of a sufferer from epilepsy.

In the manuscripts, there are many brief descriptions of the healers from different communities, and a multifaceted personal picture can be drawn of their main characteristics, starting from their approach to the sick patients, their selection of the chosen method of treatment(s) and the manner in which they applied their remedies.

There is sometimes a comment from the sick individual or a member of his/her family on the efficacy of the treatment. Few of the descriptions for a particular healing intervention are given in complete detail and hence it is necessary to construct a composite picture from the different sources as recorded in the manuscripts.

It might be thought that the healers would not regard the ‘new’ doctors who came into the communities in a favourable light but this was not always the case, as some of the examples given later will demonstrate. Conversely, it might be thought that doctors fresh from their university education gained in the late nineteenth century, would not have had much respect for the native healers; from some of the descriptions this is certainly true<sup>94</sup>, but other doctors were aware of the healing efforts made by those who practised folk medicine and recognised their approach and good intentions. However, some of the accounts of the doctors’ healing methods would have come from patients and their friends who would not have been familiar with contemporary medical knowledge, which was increasingly drawn from the expanding knowledge of human pathology. It is also possibly correct to say that there might not have been recognition of the variable extent to which pain, illness and suffering might be felt and expressed by affected individuals.

In the second half of the twentieth century, the Reverend Norman Macdonald, latterly living in Glenelg, Kintail also remembers the storytellers of his youth and what they told him about healers and doctors.

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<sup>94</sup> See Royal College of Physicians Report(1852)

Among the latter there was a well known Dr. John Maclachlan of Rahoy in Morvern, Ardnamurchan (1804–1874), who was also a poet<sup>95</sup>. He was a resourceful man who had responsibility for patients in Mull across the Sound of Mull. One night a fire was lit on a hill in Mull, and recognising this as a signal that his skill was needed, as it had often been previously, he made his way to the shore in the expectation that one of the local fishermen would take him across. However, the fishermen's boats were not to be seen, since they were all away at the fishing and hence he had no means of getting across the sea. However, he went to the cattle fold, and prodded a large bull down to the shore, mounted it and sitting astride on its back, he induced it to go into the sea to swim across to the shore in Mull. He then arrived at the home of a young distressed woman, just in time to assist with the safe delivery of her baby (SA 1953: 23). This story would undoubtedly have enhanced the reputation of a doctor who was prepared to use a potentially dangerous but innovative mode of travel in the interests of caring for his patients.

Although Martin Martin (c.1658–1719) lived in an earlier time period in the late seventeenth century, no attempt at understanding the nature of illness in the Highlands can be complete without consideration of the descriptions which he supplied of diseases and methods of healing which he found during his tour of Skye and the Outer Hebrides in his book : *A Description of the Western Isles of Scotland circa 1695*.

His description of a native healer, Neil Beaton from Skye, is of special interest, since Martin Martin was a young man who was well educated by the standards of the late

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<sup>95</sup> Examples of his poetry can be found in (Meek 2003: 50-54) . Sadly in later life, he became impoverished and died in the Poor House in Tobermory, Mull..

sixteenth century. His is the first detailed written account from the Hebrides and St. Kilda<sup>96</sup> of many of the illnesses and treatments which were commonly experienced in the areas which he visited; he was not a doctor at the time of his visit<sup>97</sup> but nevertheless, it is clear from his observations and writing that he had a keen interest in medicine and the methods of healing used by Neil Beaton. Although he describes him as an ‘illiterate empiric’, this is not a term of abuse but is apt for Neil Beaton’s approach to his patients, based on his close observation of patients and their selective treatment with herbal preparations. According to Martin Martin, Neil Beaton:

who of late is so well known in the Isles and continent,<sup>98</sup> for his great success in curing several dangerous distempers, though he never appeared in the quality of a physician until he arrived at the age of forty years, and then also without the advantage of education. He pretends to judge of the various qualities of plants and roots by their different tastes; he has likewise a nice observation of the colours of their flowers, from which he learns their astringent and loosening qualities; he extracts the juices of plants and roots after a chemical way, peculiar to himself and with little or no charge.<sup>99</sup> He considers his patient’s constitution before any medicine was administered to them: and he has formed such a system for curing diseases as serves for a rule to him upon all occasions of this nature. He treats ‘Riverius’s *Lilium Medicum*’, and some other practical pieces that he has heard of, with contempt; since in several instances it appears that their method of curing has failed, where his had good success.

(Martin 1934: 238)

Martin then proceeds to note how some of the diseases were treated, examples of these included running sores of the legs, grievous headaches, and relief to a woman who had been in danger of dying after birth. But, in a manner similar to what is recorded in the MacLagan Manuscripts from an informant in Berneray, Harris, about

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<sup>97</sup> He graduated in medicine from Leyden University, Holland in 1705

<sup>98</sup> This reference to a ‘continent’ was to the mainland of Scotland.

<sup>83</sup> Some healers would not accept any money for their attention, believing that their healing power would thus be compromised.

*an Dotair Bàn*'s technique<sup>100</sup>, he also says that 'he [Neil Beaton] had the boldness to cut a piece out of a woman's skull broader than half a crown,<sup>101</sup> and by this restored her to perfect health'. More details and a discussion of craniotomy as a form of direct surgical intervention are found in an earlier part of this chapter. Martin Martin was also aware of how Beaton's healing skills were regarded in the local communities and further afield.

The success attending this man's cures was so extraordinary that several people thought his performances to have proceeded rather from a compact with the devil,<sup>102</sup> than from the virtue of 'simples'. To obviate this, Mr Beaton pretends to have had some education from his father, though he died when he himself was but a boy. I have discoursed with him seriously at different times, and am fully satisfied that he uses no unlawful means for obtaining his end ... I left him very successful, but can give no further account of him since that time.

(Martin 1934: 240)

Thus it would seem that Martin Martin, a well-informed man by the standards of his times who had lived in Edinburgh for several years, was satisfied that Neil Beaton, the native healer from Skye acted in a sensitive, informed manner in treating his patients by using such knowledge as was available to him, gained partly from his father and also from his own experience in treating many patients.

There are several descriptions of the similar beliefs and experience of the healing gifts possessed by certain people named in the Maclagan Manuscripts. Andrew Sutherland an old man from Bonar Bridge in Sutherland, gives an undated account of

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<sup>100</sup> In this instance, the craniotomy was done by Dr Alexander Macleod (1784 –1854 North Uist, Outer Hebrides.

<sup>101</sup> Craniotomy; a procedure described in several continents from neolithic times .

<sup>102</sup> Belief in evil as having a physical representation was common in the Highlands till early/mid-twentieth century.

his youth and personal experience of healing at the hands of a bone-setter. It would appear that this account was collected by Miss Kerr towards the latter part of her work.

I remember when there was only one doctor, I think in the whole County of Sutherland. There was no need for them for at that time people could cure themselves. Some were bone-setters; some had skill to stop bleeding; and others cured children of rickets and so on. I remember of people often taking children that were bad with rickets to those that could cure them that trouble, and I remember one time when I was young another child was taken up to a person in Strathcarron who was believed to be able to cure the rickets and somehow I was taken up with the other child. I remember it quite well.

The gift of being able to cure often ran in families, but the strange thing was that it was only one in the family that could have it. One time I got my shoulder put out of joint and I was at two doctors with it but they both failed to put it right and I suffered a great deal with it, being for weeks going about with my arm in a sling and, for the life of me, I could not put my hand to my mouth. Some person advised me to go to a bone-setter that was in it in those days. His father before him had been a bone-setter. So I went and when I reached his house, I found that he was not at home. He was a shepherd and had gone down to Easter Ross with some sheep and they told me that he would not be back for some weeks. Well, I thought, as I was not able for any work at home, I might as well go down to him where he was and away I went. When I reached him and told my business with him, we went up to the public house and got on a good fire and when the room was well heated, he made me strip and he began to feel my shoulder all over and it was not long till he got his thumb on the very spot where I had been feeling the pain. He at once said 'That's it'. He got another man along with him to hold me, for he said he would not trust to myself and just like a shot, he gave my arm a pull and a turn and the joint was in its proper place and he said, 'Your arm is all right now; lift it up.' And I could lift it almost to my mouth but he caught it and put my hand right on the top of my head. But when he fastened it for me and got it slung, he told me to be sure to blister<sup>103</sup> it after I would go home, so as to soften the oil that

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<sup>103</sup> Blistering is a process of applying a hot object to the area such that superficial burning of the skin occurs.

was in the socket, for if I would not do that, he said the oil would harden and I would have rheumatism in it bye and bye. But I did not blister it and now I see that he was right, for I have touches of rheumatism and the joint gets stiff.

The man was telling me that he was the only one of his father's family who had the gift and he thought his youngest son, who was only a child when I was at him, was likely to inherit the gift. For he was very fond of amusing himself by performing operations on the cat. He said the little fellow would spend many an hour examining the cat's bones. He would catch it and put its leg out of joint and leave it lying helpless on the hearth and then he would put the leg alright again ... Of course, that child is a grown up man now, if he is alive but I never heard anything further about him since I heard that from his father.

(Maclagan 7984a.2)

Although the account in the manuscripts is written in English, it seems very likely that it had been recounted to the collector in Gaelic, as judged by the nature of the English translation. It is noted that neither doctor was able to treat him initially; however, this is not necessarily a reflection on their lack of skill but that they may never had training in treating bone disorders as would also be true for many doctors in this century, this being a reflection of the specialisation which is normal in the current practice of the medical profession. The comment that there were some who had expertise in different areas of healing must have arisen from his observation that a degree of individual experience was necessary to gain better results.

In the New Statistical Account (1845) there are several descriptions of the doctors who worked in areas of the Highlands, with the details of the common diseases with which they were familiar; the accounts from the cities and towns tend to be more detailed, since most doctors preferred to earn their living where there were more patients who could afford their fees. In the data collected from the 1852 survey of doctors in the Highlands, a frequent comment from the doctors was that they were

not able to have a tolerable existence for themselves or their families since most of their patients were too poor to afford their fees. After the Poor Law Act was passed by Parliament in 1845,<sup>104</sup> as applied to Scotland, some payment for their services was expected by the doctors, but in many country areas this was still not forthcoming. However, the desire for financial recompense was not the main incentive for many doctors and there are several accounts in contemporary sources of the ‘poor and indigent’ being treated without expectation of payment of any kind (Royal College of Physicians Report 1852)<sup>105</sup>

The doctors whose reputation would have been remembered and recounted in their oral tradition, would have been the Beatons, the hereditary medical dynasty, who are described in more detail in Chapter 1. Their unusual healing skills were also attributed to the O’Connachers who lived in Western Argyllshire in the seventeenth century. It has already been noted that Dr.Alexander Macleod who practised in North Uist,Outer Hebrides in the early nineteenth century was highly regarded for his intuitive healing skills. Quite apart from the experience which patients would remember about their own illnesses and how they were treated, there would also have been recipients of the oral traditions based on similar illnesses in previous generations.

There are several accounts which shed light on the particular skills attributed to doctors and often these were not of a conventional nature; many of these stories

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<sup>104</sup> In England, similar legislation had already been passed in 1834.

<sup>105</sup> See Chapter 1: 26-29



allude to members of the Beaton medical dynasty, either in Islay, Skye, or in Mull<sup>106</sup>. Their approach to treating their patients cannot always be placed in a conventional medical context, such as can be seen from an earlier example when he heard a woman singing while waulking tweed and guessed that she might have a frog in her innards (MacLagan 3550).

In another similar instance, the doctor had an equally ingenious remedy for a girl who also suffered from severe aching in her abdomen. He judged that it was an internal serpent that had caused much discomfort to the patient; she was cured through being advised to eat many salt herring and since they were also consumed by the serpent, when she lay down beside a running stream, the serpent crawled out of her mouth to satisfy its thirst and in this way she was relieved of its presence (MacLagan 3551).

These two examples of belief that the ingestion and growth of frogs and serpents were responsible for some internal complaints has already been discussed in an earlier section of this chapter and can be placed in the older context of similar supernatural beliefs from other sources.

Elsbeth Kerr, whose oral collections of folklore from Islay are such an important contribution to the manuscripts, was aware of the different perspective which some of her informants held in relation to traditional methods of healing and those used by doctors. In the following account which she collected from Mrs Martin, Port Charlotte, Islay, it is according to her: ‘reproduced as nearly as possible, just as it was spoken by an old Islay woman and is a very good example of a very general

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<sup>106</sup> See account of the Beaton medical dynasty in Chapter.1.

view which prevails among a large class of Highlander with regards to the treatment of disease’.

Mrs Martin said:

Nowadays, they will pay money to a doctor for what people could do for themselves, and they are not a bit better after it, but worse. In my young days, if one had a sore head, there were people who could cure them. They would rub the head and measure it this way and that way, and I saw them drawing it in that length. (Here the old lady indicated about two inches with her fingers.)<sup>107</sup> If they had a pain in the front of the head, they would just put a fly blister<sup>108</sup> to the back of their head, and they would be better at once!! When asked where they would get the fly blister, she promptly replied ‘From the doctor; there were fly blisters with the doctor ever’. Nobody would ever hear of mustard at that time. And if they had the cold, they would take thin porridge with a bit butter and pepper in it or a glass of toddy and they would be quite well the next day. Sometimes, they would draw a plateful of blood out of one’s arm. They dare not draw a drop of blood now – for their very heart! Themselves and their doctors! And when they would kill a *mart*, (cow) they would make oil of their feet, which would be kept carefully beside them, to be rubbed on sore throats and sometimes they would give a spoonful or two of it to drink – and was there any harm in that? And when they would kill a goose, they would keep the *blonag* (fat) to rub on a sore chest; and if a hand would swell, they would rub it with that or salt butter. They did more with their skill *seoltachd* <sup>109</sup> to cure folk, than all the doctors in Scotland today. If they cut their finger nowadays, they run to the doctor!

(MacLagan 4908)

Although the informant was quite glad to obtain fly blisters from the doctor, in other respects her comments are quite disparaging of their skills, nor did she see the need to consult them for what she regarded as minor complaints, much preferring the

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<sup>107</sup> Phrenology – the assessment of patient mental processes by topical measurement was a popular concept in the nineteenth century and is mentioned on a few occasions in the manuscripts.

<sup>108</sup> A plaster of the preparation of Spanish fly (cantharides).

<sup>109</sup> Gaelic : ‘skillful approach’

concept of self-treatment with ‘simples’ where at all possible. In addition to the application of fly blisters, she mentions a simple cure for the common cold and the use of animal or goose fat for direct application to the skin where a sore throat or chest was felt. It is quite likely that the process of skin massage in those two conditions would have given a measure of symptomatic relief, even though they may not have cured the postulated underlying throat or chest infection. The placebo contribution to a sense of relief from the symptoms of many ailments is now known to exist (Beneditti 2009), and its role in interpretation of the manuscript descriptions of healing, is further discussed in the concluding Chapter 8.

However, some doctors were regarded in a much more sinister light, not because their treatments were judged to be ineffective, but for the belief that some doctors would go to extreme situations in order to obtain their drugs. This is evident from this next account, which is subtitled by the collector Miss Kerr ‘The Gaels’ Ideas of Doctors and Drugs’. It was collected from Anne Macleod,<sup>110</sup> to whom previous reference has been made: she was a domestic servant resident in the United Free Church Manse, Port Charlotte, Islay, where Miss Kerr also lived with her uncle, the Reverend John MacMillan.

There was a Doctor living in the *Baile Mor* (Eng. big town). He had two servants, the one was very stout and the other very lean. People were making out that the doctor was keeping on the stout one and fattening her up so that he might kill her and boil her down to make ‘drops’. One day the doctor said to his wife, ‘I’m going to kill the fat servant and boil her down for making “drops”.’ ‘O no, the poor creature, you’ll no do that,’ was his wife’s reply. ‘Will I not, is it likely that I should be buying dear things and dead people for

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<sup>110</sup> Anne Macleod (1860–1933), born in Harris and reared in Berneray, provided Miss Kerr with several accounts of Hebridean life.

making drops while there is such a good fat one in our own house!’ The lean servant happened to overhear what had passed between the doctor and his wife. In course of the day the doctor came and said to the fat girl ‘Put on the *coire* [cauldron] and tell me when it will be ready.’ ‘I am afraid it’s for yourself that the *coire* is,’ said the lean girl when the doctor had gone, ‘but we will not be beat.’ When the *coire* was ready, the doctor sent the lean girl a message, to have her out of the way and when she went out, she met a policeman, whom she requested to remain at the corner of the house until she should call out for him and soon she was back in the house. By this time, the doctor was ready for operation. He took a black plaster and placed it over the fat girl’s mouth. The lean girl shouted ‘Police!!’ When the doctor turned round in a rage, saying, ‘What are you shouting for; I will put one on your own.’ And forthwith he went for one, but while he was away, the lean girl managed to remove the plaster from the fellow servant’s mouth, whom she found in a faint. The policeman had just entered as the doctor had returned with a second plaster, and seizing him in the act, he said to him ‘What is this you are doing? It will be yourself that will be put in the *coire*.’ The policeman and the lean girl after a good deal of trouble succeeded in restoring the fat girl to consciousness. The lean girl got great prizes and untold wealth for what she had done and the doctor was put in prison.

(MacLagan 0649)

This tale may be analysed and interpreted from many different perspectives; with reference to the thematic core of this discussion, it may be said to illustrate that there was some suspicion among the wider populace that since doctors had special healing skills whose origins could not be easily understood, it might be thought they obtained their drugs from some unknown or even dubious source. Often the doctors did not belong to the community and hence they could not be trusted to the same extent as the local healers whose family background and individual skills would be common knowledge.

It may also be possible that this tale, or one of its variants, became part of Highland oral folklore and may have been based on the historical account of Burke and Hare;

they were two Edinburgh men who murdered susceptible victims and then sold their bodies to Dr. Knox, an anatomy lecturer who used their bodies for anatomical dissection in teaching medical students. However, Dr Knox's reputation did suffer from the unproven suspicion that he sought dead bodies for his own purposes, including their use for the preparation of drugs<sup>111</sup>. There was also the suspicion that graves were opened and the bodies were taken away to the cities, again to be sold to teachers at the universities (Edwards 1993)

In the *The Highlands* by Calum Maclean, there is a single account which indicates that grave robbing may have taken place in some areas of the countryside at a distance from the university cities.

A man, Kennedy of Liannachan (a small village near Fort William) was a student of medicine in Edinburgh. One day a corpse was brought to the dissecting laboratory. It was that of an old woman and Kennedy marvelled at the fine set of teeth. They reminded him of the teeth of the wife of Donald, son of Ian, at home. That night he wrote to ask if anyone had died recently at Lianachan. In due course, word came that the wife of Donald, son of Ian, was dead. In haste, young Kennedy wrote again to say that the graveyards of Lochaber were not being properly watched.

(Maclean 1959: 107)

There are relatively few examples where a healer has given a first-hand account of how his own healing skills and gifts were related to, or based on, his/her personality. Most of the details are given by either the patients who received advice, or those for whom charms were said or who had direct physical intervention, but more especially

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<sup>111</sup> After Burke had been hanged for grave robbing, an Anatomy Act was passed in 1832, to ensure that from henceforth, bodies were obtained by legitimate means for dissection and teaching of medical students.

from those who were members of the patient's family or from those who were close observers.

In the following excerpt, there are some insights into the ways in which the gift of healing was perceived by the healer himself and how he felt that his personal ageing was beginning to affect the success of his treatment.

A native of the Isle of Lewis says that an uncle of his professes to be able to cure cases of epileptic fits. The reciter has seen him at it, and expressed a wish to get the secret of the art, but his uncle refused to communicate it to him, for he said if he knew how to do it, he would find it a great burden to him<sup>112</sup>. He told him that besides the knowledge he possessed, there was some virtue in himself personally, but as he was getting older, it was becoming weaker, so cases were not now so successful as they used to be. Here is all that the reciter knows how it was done. The points of the patient's eyebrows and eyelashes were clipped and kept. His nails were also pared and these were all tied up together in a rag and thrown into the sea. They must not be seen by any human being after they were tied up for that would spoil the effect. A lichen which the inhabitants of Lewis call 'spian' was at the same time tied around the patient's neck to be worn by him. The reciter says that his uncle was certainly credited with having cured many people and his advice was sought both from his own island and also from the mainland of Scotland.

(MacLagan 4914a.2)

Certainly there are some accounts of the high regard in which many of the mentioned healers were held, and brief examples of these are given later. There are relatively few examples where a healer has given an account of how his/her own healing skills and gifts had been acquired and developed.

Another group who were sometimes involved in attempts at healing were ministers of religion; they were often held in high esteem, possibly because of their spiritual

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<sup>112</sup> In modern medicine it is well known that caring for patients over a long period of time can be a demanding discipline which may lead to mental stress and illness in the carer.

and pastoral care of their parishioners, but sometimes their help was sought when a person became ill. The following two descriptions show the extent of their involvement and participation.

In a certain country place a minister laboured for long. His people were much attached to him and an old woman in particular had great confidence in him. The woman's cow took ill one day and after trying in vain several cures, she sent for the minister and when he came she told him why she had sent for him. He assured her he could do nothing for he knew nothing about cows. She, however, would take no denial, insisting he could cure the cow if he would try it. At last seeing there was no way of getting rid of the old lady, he put his hand on the cow and said, 'If ye live ye live and if ye die, ye die.'<sup>113</sup> It so happened that the cow got better and the old woman's confidence in the minister was stronger than ever. Sometime after, the minister was seriously ill with his throat. The Doctor tried outside applications but failed to get at the seat of the disease and the case began to assume a critical aspect and the old woman, hearing how poorly the minister was, came to see him. She was told that she could not see him for the Doctor had given orders that he should be kept quiet. She would not leave the house however without seeing the minister. At last they said she might go there and just look at him. So she came quietly and taking an earnest look at him, she stepped beside him and putting her hand on him, said, 'If ye live ye live and if ye die, ye die; one good turn deserves another.' At this, when he heard the words that he himself had uttered over the cow, the minister took such a fit of laughing, that his throat was at once cleared of what had hindered his recovery and so he too, like the cow, got better.

(MacLagan 0500a.2)

Another account, similar in nature, was recorded some 80 years later from Shetland.

It was told that a woman living by herself in Shetland had a cow which was gravely ill, despite the use of her own remedies. During a visit by the local minister, he took time to look at the cow and then stroked it with a Shetland oat straw and offered a

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<sup>113</sup> This statement of a predictable outcome may be an indication of an empirical approach, being clearly positioned at a distance from that which many a healer would take.

blessing over the cow. In a few days' time, the cow recovered completely. But soon afterwards, the minister himself became ill. Jannie, the old lady, became concerned on hearing this and went to the manse and applied the healing to him exactly as had been used for her cow – being stroked with oat straw and blessed. It was said that the minister was amused by her approach to his illness, but he also recovered (SA 1978: 068).

The remainder of this chapter continues with the theme of the personal and narrative interaction between patient and healer as seen in the manuscripts. There are many medical conditions which are rarely or never mentioned in the manuscripts, such as heart attacks, cardiovascular strokes or cancer. There may have been many reasons for this, including the much shorter life expectancy, different lifestyles and eating habits, quite apart from the observation that collection of numerical data about disease incidence had not begun. In the concluding Chapter 8, this subject is again visited as part of the comprehensive review of all the medical conditions found in the manuscript collection.

The following account was told by Donald Mactaggart from Islay and may be seen as a detailed account of the relationship which a man had with his daughters and also as a description of the condition of self-imposed reclusion, a diagnosis now recognised in psychiatric practice. In it there is no mention of healers or doctors, the illness situation being dealt with wholly within the family.

There was at one time a man in Port na Haven, Islay who had been bed-ridden for three years, and was gradually becoming worse. Word having reached one of his daughters who was in



the low country<sup>114</sup> to the effect that he was not likely to recover and might soon be taken away, she sent home certain things which she thought might be useful to her father, amongst them being a shroud (*leine bàis*). When the box arrived, another daughter who lived with her father, having opened it in her father's presence, was unpacking it and as she took out one thing after another, her father's interest began to be awakened, and as each new article came out, he asked 'What's that?' When they came to the shroud, he asked again 'What's that?' The daughter was very unwilling to tell him and tried to put him off, but he pressed his enquiry. At last, the daughter's feelings overcame her and she sobbed out '*O mo thruaighe, tha an sin leine na mairbh.*' ('Woe is me, that is a shroud.') Upon hearing that, the old man, apparently under the impression that they wanted to deceive him, jumped from his bed declaring indignantly that he would show them that he did not require the shroud and, true enough, he lived eight years after that enjoying very good health.

(Maclagan 3107)<sup>115</sup>

There is a similar account from Mull, only on this occasion, Dr. Beaton does have a central role.

A man believed himself to have been very ill and everyone thought he was dying, and wondering how he was living so long. It happened that the Mull Doctor, *an t-Ollamh Muileach*,<sup>116</sup> came the way and the sick man's friends sent for him. When the Doctor came, he found the man lying in his bed, and not able to move with his way of it. When the Doctor examined him, he knew at once what was the matter with him and said to him 'What will you give me if I will cure you?' And the man said he would give him everything he had in the world! The Doctor said 'Will you give me the grey mare?' And the man said 'O yes, I will give you that!' This was settled and the Doctor ordered them to get together a large quantity of heather and peats and wood and to place

<sup>114</sup> This is a common term used in the Highlands to describe the Lowlands of Scotland.

<sup>115</sup> The syndrome of an apparently healthy individual confining themselves to bed, is known to exist and has been the subject of a metaphysical comedy play *Lazybeds* by Iain Crichton-Smith (1928-1998), poet and playwright from Lewis.

<sup>116</sup> Pennycross in Mull was associated with several generations of Beaton doctors, including James Beaton who conversed with Martin Martin c 1695 (Bannerman 1998:31)

the whole in a heap outside. When this was done, he ordered them to carry the sick man in the bedcover and when they brought him out, he ordered them to place him on the top of the pile. When this was done he cried to someone to set fire to the whole. When the man heard this he leapt clean off the heap,<sup>117</sup> took to his heels and never again took to his bed until many years after that when he was forced by old age to take himself to his deathbed.

(MacLagan 5751a)

There is no record of whether Dr Beaton ever became the possessor of the grey mare in recompence.

There would have been little opportunity for patients suffering from psychological disorders to receive appropriate treatment or social care, since the Freudian scope of therapy for mental illnesses was not available, appropriate asylums were uncommon and many patients would have lived at long distances from the towns. However, it was sometimes thought that those who had severe mental disease were blessed individuals and that those with whom they came into contact were duty bound to give them care and kindness at all times.

## **Animal illnesses**

Before the Highland Clearances and the introduction of sheep farms to the Highlands from the late eighteenth century, the ownership of cattle had played an important role in the life, economy and food sustenance of many villages and communities for many centuries (Davidson 1960) and hence it is not surprising that several descriptions of the cure of cattle diseases are found in the manuscripts from the late nineteenth century. Cattle provided milk and its many products, such as cream and

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<sup>117</sup> This approach may be regarded as another form of ‘shock therapy’ arising from the doctor’s perception of his condition.

cheese, and cattle meat was also prized for its food value every year. Cattle owners were also able to market their cattle at autumn sales in the Lowlands of Scotland which was a source of income for themselves and for drovers who cared for the cattle in their journeys south to places, such as Crieff and Falkirk

One of the earlier accounts from the manuscripts is a detailed account from Skye of ‘bleeding’ cows, not as a cure but for the blood to be used as nourishment for the destitute villagers in the area. It was told by a schoolmaster, Mr Macnab, when he addressed a teachers’ meeting in Uig Hotel in 1887 ‘that the use of well-cooked blood from cattle’ was used as a broth to save the poor inhabitants of northern Skye, following the failure of the potato crop in 1847–1848 (MacLagan 0156).<sup>118</sup>

From many oral sources of information, it is evident that many of the animal illnesses were thought to have been inflicted on the cattle by the use of the ‘evil eye’, where the malevolent intentions of an individual with the power of the ‘evil eye’ was responsible for the onset of illness, the perception being similar to what was thought to be present in the disease onset for some humans. In order to cure the cow, there are several examples of charms being ‘spoken’ over the sick animal, sometimes being followed by binding a coloured charm thread to the cow’s tail or lower leg, until it recovered. Hence it can be seen that many inhabitants of the Highlands and Islands of Scotland in the late nineteenth century felt that the causes of illness, the processes of disease progression and the choice of cures were similar in both cattle and humans.

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<sup>118</sup> Using the blood of cows as a protein food is still common practice among the tribal Masai of Kenya.

The number of references to animal healing may be indicative of the importance of cattle to the rural economy and the availability of meat and fresh milk as part of daily diet. Initially it may be thought that this number of referrals to cattle would provide a rich range of descriptions of the physical illnesses affecting cattle and the methods which were used for healing. However, on further scrutiny of the examples in the manuscripts, it is obvious that the majority of descriptions are derived from descriptions of the ‘evil eye’, the different ways in which it afflicted cattle and how these effects could be restricted or removed. This was also a subject to which Dr MacLagan paid attention in his text *Evil Eye in the Western Highlands* (1902), and many of the illustrative sources which he used, came from the manuscripts. The following example is transcribed as written by Elspeth Kerr, collected from her close friend and confidant, Anne Turner (nee Macleod), Port Charlotte, Islay.

I heard my mother tell me about an incident which happened in our own place.<sup>119</sup> It happened in this manner. Two women lived side by side and each had a cow. What happened was that one woman ‘took the milk’ from her neighbour’s cow such that her own cow gave her twice as much milk. When her neighbour understood what was happening, she went to see a wise man in the village and told him everything. He told her to allow her own cow out to pasture and he promised her that her cow’s milk would be restored to her. Well then, she took the man’s advice and she let the cow out; whenever the cow got her freedom, she ran immediately to the house of the woman who was causing the loss of milk, and climbing up on her house; she nearly caused it to collapse. She wanted her own milk back. When the bad woman saw this, she came out, and calling to her neighbour, said that if she wished her cow to remain alive, that she should bring her into the byre. Her neighbour replied that she refused to do so until her milk was restored to the cow. The bad woman understood that there was no need for her to continue the disagreement; so she went back into her house and after a short time the cow came

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<sup>119</sup> Since Anne Macleod was raised in Ruisgarry, Berneray, Harris, this is likely to have been the provenance of this account.

down off the roof and went home in a docile manner since the evil woman had released her from her spell.

(MacLagan 3718 c)

There are also several descriptions of the ‘milk being taken from the cow’ in the Carmichael Watson Manuscripts and in Black (2005: 176), thus confirming that this genre of superstitious belief was commonly held throughout the Highlands and Islands of Scotland.

It is legitimate to ask when such beliefs in the ‘evil eye’ in different guises disappeared and were no longer to be found in rural areas. It is thus relevant to record that Donald. J. MacLennan, a retired veterinary surgeon who spent his professional life in Skye, still has clear recollections of his experience relating to this subject. He is also a native Gaelic speaker and is thus able to remember precisely the context of the two following accounts.

On one occasion, he was telephoned by a man who lived in Greshornish, Dunvegan, Skye, and asked him to attend urgently to his neighbour’s cow. While trying to cross a metal fence, she had impaled herself on a sharp metal post and sustained severe frontal injury to her body such that ‘parts of her inside were hanging out’. The owner, Norman, was a single man who lived by himself in an old thatched cottage and was clearly upset by the severe injury to his ‘fine blue-grey cow’. However, there was no option for Mr MacLennan except to recommend that the cow should be humanely put to death. When this was related to Norman, he became extremely distraught and kept repeating ‘*Ochan, ochan – nach ann air Greishornish a thanaig an latha!*’; (‘Alas, alas – what a [terrible] day has come to Greshornish!’) but he agreed with this course of action. After the cow had been killed, the old man

accompanied Donald MacLennan to a neighbour's house where all three drank tea. The owner was still clearly upset by his loss and sitting in a corner kept repeating the same phrase, '*Ochan, ochan*', etc. When Mr MacLennan left, he was accompanied to his car by the neighbour who had called for his assistance. He asked the neighbour why the owner of the injured cow kept repeating these words. 'O,' was the reply, 'he is convinced that "someone" in the local community put the "evil eye" on the cow and hence the sad outcome which they had all witnessed'. This account dates back to the early 1960s (MacLennan 2012)

Mr MacLennan's predecessor, a veterinary surgeon from Orkney, had on one occasion been asked to treat a cow in Broadford, Skye, which was suffering from milk fever and post-calving paralysis. The cow did not seem to respond to his treatment and the owner then asked old Norman from Greshornish (also mentioned above) to see the sick cow. He came and 'attached coloured threads to the cow's back, did not wash or shave for three days lest the spell be broken'. After three days, the cow recovered and the incident was remembered, told and retold in the community, with the credit for healing being attributed to old Norman and not to the veterinary surgeon.

Both the above detailed accounts provided by Mr MacLennan may be regarded as significant genuine pointers to the persistence of older modes of superstitious beliefs which for many Hebrideans – even in the twentieth century – were used as an explanatory strata in everyday life, more especially when no causal link could be seen for an accident, illness or sudden catastrophe which affected a person, their family or their cattle. It may be noted that although the crofter mentioned in both

episodes was attuned to see the ‘evil eye’ affecting cattle, he was not aware of its malign source or potential before his own cow was injured. Also, in both accounts, the professional services of the local veterinary surgeons were sought, thus indicating that there was recognition of their therapeutic skills while simultaneously the causation of the illnesses might be attributed to supernatural extraneous causes. This mirrors the attitudes found in many of the accounts in the MacLagan Manuscripts with reference to human ailments, when both doctors and healers could be asked for their help as circumstances and responses to treatment dictated.

## **Food and health**

There have already been several references to the kinds of food which were eaten and related customs. However, it seems that this was an important subject and many references to eating habits are noted from many sources – hence the subject is expanded in the next section of this chapter. The manuscripts contain many descriptions relating to various food items: where they were sourced and how particular foods were thought to be effective in promoting general health. There are also numerous detailed food recipes provided mainly by two of MacLagan’s collectors, Miss Kerr, resident in Islay, and Jessie Ann Macleod, a teacher in Auchoish, Argyll, who was a native of Skye. From this large number of accounts, it is intended to focus on those named foods which were believed to promote health and wellbeing during the latter part of the nineteenth century, as well as noting the customs and traditions linked to the preparation and consumption of food. A broader contextual setting of Scottish foods and associated customs can be found in Fenton (2007), derived from both written and oral sources. He indicates that most written

sources illustrate the eating habits of the higher social orders, but he has noted the sources of the oral cultural material and their equal importance in understanding the subject of eating habits throughout Scotland.

Traditional knowledge of food – how it was found and prepared for eating – was passed down to each generation in a manner similar to the transmission of songs, legends, and family history, in an orally-based society. Fenton (2007) also highlights the importance of the International Ethnological Food Research Group which has met in Europe since 1971, where many features of food culture have been presented and discussed. Another written source which also has relevance to this chapter, and provides an international perspective, is *The Cambridge World History of Food* (Kiple and Conees 2000); in it there are many descriptions of food availability, its preparation and the cultural relationships underpinning its use from many different countries.

Beliefs about what constituted a healthy lifestyle had been expressed many times since the Hippocratic era began (c.480 BC), when the body was believed to consist of four humours: blood, green bile, black bile and phlegm; and disease was thought to arise from an imbalance of the humours. John Locke (1632–1704) also approached the subject of factors which may have contributed to a healthy body in *Some Thoughts concerning Education* (1693):

‘And thus I have done what concerns the Body and Health, which reduces itself to these few and easily observable Rules. Plenty of Open Air, Exercise and Sleep; Plain Diet, no Wine or Strong Drink, and very little or no Physick; not too warm and strait



Clothing, especially the Head and Feet kept cold, and the Feet often used to Cold Water, and exposed to Wet’ (quoted in Porter 1997: 243).

Many of the university graduate doctors from Europe would have been aware of these recommended habits and practices, but it is the knowledge and provenance of ideas held by healers and their patients about the role of healthy foods which is the main focus of this section.

When the subject of food is addressed in this century, it is customary to provide detailed information on the different proportions of the constituents of each food, such as the amount of protein, fat and carbohydrate, as well as the amount of food which may be eaten each day expressed in separate calorific content, this approach having arisen from empirical scientific enquiry. From the descriptions available in the manuscripts, the latter approach cannot be applied, but it is proposed to record such information as is currently available on the different food items which were thought to promote health and vitality.

### **Eating customs**

Quite apart from the intrinsic value of food in promoting personal health, there is also the universal belief that the opportunity of eating together regularly would promote family and social bonding, which in turn would lead to enhancement and stabilisation of individual identity, the strengthening of interpersonal relationships, and their transmission to the succeeding generations. This theme has been often expressed: ‘Perhaps the most common explanation for the variety of eating customs is enculturation – that through the learning experience, members of the younger generations come to accept the traditional ways of their society’ (Farb and Arimelgos

1980: 14), and also ‘Both the quality of the meal and its setting convey a more subtle social message than anything that is consciously verbalized’ (Farb and Arimelgos 1980: 4).

It would appear that the association between food, eating and the recognition of the indigenous culture was not a feature on which many writers focused in the earlier part of the nineteenth century. ‘More positive use of food as a vehicle for the understanding of society was rarely made until the 1930s, and then it was by social anthropologists studying exotic peoples, such as the Benbu in Northern Rhodesia’ (Fenton 2007: 11).

The above comment is derived from the research conducted by anthropologists; however, there are in the MacLagan Manuscripts descriptions of the distinctive aspects of Highland culture linked to the provision and consumption of food, including an emphasis on the provision of sustenance to passing travellers as a normal feature of hospitality.

At the beginning of the meal, it might be said ‘*Làmh fada is cothrom sineadh*’ (E.long hand and ability to stretch), expressing an invitation to any guests at the table that each person was invited to help themselves to whatever they wished, provided they had the ability to stretch their hand. It is likely that hosts would have been aware that their guests would need reassurance as to the safety of the food provided and hence it was often the custom for the host to taste food and refreshment first, to reassure the guests that there was no poison in the food or drink (MacLagan 3681a.1).

One informant from the manuscripts says that often the family helped themselves to food from the same wooden bowl set in the middle of the table whether it contained potatoes or bread or fish. Frequently the head of the household, usually the father or grandfather, was expected to continue eating after the other diners and guests had finished. When each individual had finished their beverage, usually tea, often they would invert their empty cup on the table, and this was understood by the lady host to mean that one was replete and did not wish any more food. In the conversation which accompanied the eating, it was not thought to be appropriate to laugh at one's own story before anyone else, humorous though it might seem to be. In tenant-farmer homes it was said that the ladies would curtsy when passing each other, although this was not the practice in the homes of poorer members of the communities (Maclagan 5553a.1).

There is an account from Tiree which relates how a strong warrior named Domhnall Alastair had defeated an English enemy of the Duke of Argyll in mortal combat, and for the remainder of his life was rewarded by having the honour of a permanent seat at the Duke's dinner table each night. However, as he grew older, his table habits suffered, such that he was no longer welcomed at the Duke's dinner table; on learning this, he was smitten by such remorse and chagrin at his humiliation that he died of a *sparrag*<sup>120</sup> (E.choked with passion). The informant of the story, Miss Lamont, added that the subject of the tale was her great-great-great-grandfather (Maclagan 6125a.1).

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<sup>120</sup> *Sparrag* has several related meanings, including 'difficulty' and 'undue vehemence' (Dwelly 1977).

Reference is made in Chapter 5 to the common perception that the familiar, surrounding ‘ordinary’ landscape was part of the symbolic environment for the inhabitants of the Highlands in naming stones associated with local stories and heroic clan sagas, and was frequently alluded to in the phenomenology of landscapes (Tilley 1994). The landscape was also seen as a template for a description of food substances, such as the milk products found in the following quatrain and from which we can deduce that they were desirable foods.

*Loch Obha na uachdar,  
Agus Cruachan na im,  
Gach gleann is monadh na chàis,  
Allt-na h-Ath na fhuaraig.  
Loch Awe as cream,  
Ben Cruachan as butter,  
Every glen and moor as cheese,  
The Burn of the Ford, as brose.*  
(MacLagan 2359.c) (Writer’s translation)

The most commonly mentioned foods are oats, barley, fish and shellfish, and dairy products including milk, cream, butter and cheese. Wooden churns were needed to make butter, and their regular users were often the younger females, who also sang as they ‘stirred the churn’; these included songs which were thought to have the capacity to deflect the ‘evil eye’ of an ill-disposed neighbour or witch from causing the cream to curdle. For most of the cottars and village inhabitants, meat would have been an occasional luxury after a cow or heifer was killed in the autumn. Fish was more generally available, especially for those who lived in close proximity to the sea, and was taken aboard their boats on fishing trips. Every part of the fish would have been used, as detailed in the following account from the Isle of Lewis. A favourite

delicacy was the roasted liver of cod or ling which was placed between two barley meal bannocks: *ceapag* (E.sandwich). When fishermen did not have access to a fire, they would put the liver sandwich behind their knee and keep it there for some time, even when they were rowing, until it was warm and soft, before eating it (MacLagan 5557a.1).

Many seaweeds were included as part of daily diet where there was ready access to the seashore, and from several sources, each was regarded as being able to promote good health (Guiry 1991; Kenicer, Bridgwater and Milliken 2000).

With reference to dulse (*G.duileasg*) ‘it is believed that disease of any kind can be cured by the sufferer eating the dulse and drinking the water of the rock where it grows’ (MacLagan 4910a.2). In this instance, the dulse grew on a rock where fresh water from a stream and seawater met; this may be another example of the supernatural belief that where flowing water and sea flowed together, there arose an extra healing potency for the relief of illness. *Cal duileasg* (E.dulse soup) was a preparation which was used in the summer when dulse is at its very best, and it was also regarded as having blood cleansing properties (MacLagan 0310b). Another soup, *cal deanntag* (E.nettle soup) was used in spring, and was supposed to be a first-class blood purifier (MacLagan 0515 a.2).

Some of the excerpts on food from the manuscripts deal with people and situations where food was in short supply, and how food was obtained to meet the needs of the hungry people. There is an account from Argyllshire of how a beggar shared his brose with Robert the Bruce during the period in Bruce’s life when he was a hunted vagrant.

A story is told of Robert the Bruce when journeying through Kintyre in fleeing from his enemies, and being very hungry. He was approached by a beggar who asked him ‘*De tha thu deanamh an seo?*’ (E.What are you doing here?) Bruce replied that he was weary and hungry and had nothing to eat. The beggar then took out his meal pack *lan deircean* (E.full of seed) and offered to share it with him. For lack of a better dish, he (Bruce) took off his shoe, and mixing some of the meal with cold water from a spring, ate it and said:

*Is math an cocair an t-acras,*

*‘S mairg an talach air a bhiadh,*

*Fuarag eorna a beul mo bhrogaidh,*

*An lòn is fhearr a fhuair mi riamh.*

Hunger is a good cook,

Pity him who complains about his food

Barley brose from my shoe,

Is the best food I ever ate.

(MacLagan 0768a.1) (writer’s translation)

A variant of this rhyme is related from Lewis when a Mackenzie Chief, after a long walk, satisfied his hunger with brose ‘*Brochan eorna a sàil broige, biadh is fhearr a fhuair mi riamh.*’ (‘Barley brose made in the sole of my boot is the best food I have ever eaten.’) The well from which he took the water is named ‘Mackenzie’s Well’ (MacLagan 5233a.1).

There is only one account of gluttony in the manuscripts recounted from the Isle of Arran. A free-booter named Iain Mac-an-Riabhach (John Son of the Grizzled One) led his marauding robbers, including a man known to be a glutton, to Shiskine, Arran. They came to a house where the housewife, in anticipation of their needs, had killed and prepared meat from sheep and cattle for their consumption. They all ate, devouring all the food that had been prepared for them, including the glutton, until finally, he ‘burst at last and the crack that was heard when he burst, could be heard

any distance away'. The rest having overeaten were incapable of moving – so the local men of Shiskine gathered and killed them all (MacLagan 6668a.2). It is possible that this anecdote gained popularity in the minds of the listeners from the graphic description of the individual who went beyond the normal limits of food consumption and the commonly held belief that there must be a limit to the amount of food which the body could tolerate.

In the above section, a brief introduction has been given to this subject derived from the material in the manuscripts which relate to food and customs. There are several texts which provide background information on the subject, including 'The Food of the Scots' *Compendium of Scottish Ethnology*, Volume 5 (Fenton2007), and *Scottish Customs* (Livingstone 2000). The main conclusions which may be inferred from all the material are that obtaining and preparing of basic food constituents were of fundamental importance to the survival of each community, and occupied a lot of time for individuals, especially the women in each home. There would have been daily repetition of the preparation and consumption of the same basic foods, such as cereals, fish, meat and milk and its derivative substances. Descriptions of the health benefits and eating customs from the north-east of Scotland, while broadly similar to those in the Highlands, do contain some different emphases on the nature and preparation of some foods (Gregor1881 and 1874). Tea, by the late nineteenth century, was drunk regularly and was considered an essential feature in the offer of hospitality. Eating together at mealtimes was (and is) a universal cultural habit, and occupies a unique area in the manuscript collection.

## **Summary and conclusion**

It will be seen that most of the information from the manuscripts comes in the format of separate accounts of disease, illness and healing. This has been stated in texts derived from anthropological perspectives: ‘Much of what we know about illness, we know through stories – told by the sick, relatives, attendants, healers and doctors; an illness has a narrative structure, not a closed text’ (Good 2007: 164).

It is also implied that after one or other of the caring individuals named above, have been appraised of the patient’s condition: ‘illness stories break out of their original discursive or performative setting – their effects and interpretations by others are unpredictable – once told their interpretation is no longer in the “hands” of the teller’ (Good 2007: 164).

Detailed scrutiny of the MacLagan Manuscripts collected at the end of the nineteenth century provides much detailed information about many diseases then prevalent in the Highlands and Islands of Scotland, with many insightful descriptions of how patients suffered and responded to whatever modality of treatment was recommended, either by healers who embraced their oral traditions or by doctors who had emerged from university education. Thus it is evident that the practice of healing, in all its various forms, was in a phase of transition, moving from the old well-remembered modes of healing based on ancient beliefs in charms, holy water, herbal remedies and physical practices, to the modern approaches to medicine being introduced by doctors now trained in theoretical and empirical science-based medicine. This change in practice can be seen from several of the descriptions in the manuscripts, in which patients are described as seeking the advice of healers and



doctors in sequence or, less frequently, vice versa. The historical perspective also informs us that diseases used to be related to family history, folk beliefs and religious traditions – but no longer do these have credibility (Harrington 2008; 28):

The named doctors in the manuscripts are relatively few in number, possibly since none of the collectors interviewed the doctors, being more interested in rescuing the oral traditions still extant from the local inhabitants of each community visited. (The initial remit for the collection came from the British Folklore Society.) Despite the gradual increasing influence of doctors in bringing more science-based medicine to their patients, beliefs and practices derived from traditional medical folklore did not disappear, as confirmed by the number and range of healing methods collected in the mid-twentieth century from other sources, such as the School of Scottish Studies Archives and the Calum Maclean Manuscripts.

It becomes fairly clear from close reading of the manuscripts that it is always essential to posit all the descriptions of illness and disease against the background of the social and cultural living conditions of the West Highlands in the late nineteenth century. This can be attempted by noting many aspects of daily life in the Highlands, such as the availability of adequate food supplies throughout the year and the cramped living conditions which existed in many areas; but attention also needs to be given to the close family bonding and support which may have ameliorated the effects of disease found in areas of geographical isolation and relative poverty. More attention is given to these aspects and the wider contextual subjects in Chapter 7 on experiences of health and disease related to life-cycle progression from the Maclagan Manuscripts.

Access to the increasing number of pamphlets and books dealing with diseases—some of which would have been written by doctors, such as (Black 1877) – would not have been generally available to the mature and elderly informants whose oral memories of illness form the larger proportion of the available accounts and who would also have been mostly illiterate. However, this observation would not have applied to the collectors, such as Miss Elspeth Kerr or the Reverend Neil Campbell. Since few of their annotations or explanatory notes accompany the manuscripts, we are unable to judge the extent to which their reading, knowledge of diseases, their nomenclature or linguistic translation consistency affect the descriptions of diseases and healing. However, from the similarities in the descriptions which have been supplied by different informants, we can infer that the majority of the accounts of illnesses and treatments in the manuscripts are derived from a unique and valuable cultural background.

In writing on the subject of the thesis, and seeking to interpret the different beliefs and practices of health and disease, it seems desirable to locate and research any parallel descriptions and interpretations from other related subjects, such as medical anthropology, ethnobotany, complementary alternative medicine, and healing approaches which are considered to lie outside the boundaries of conventional scientific biomedicine. While this is certainly a genuine consideration -and is considered further in the final chapter- it would appear that healing descriptions and details from the manuscripts, while distinctive in their content, cannot be easily researched retrospectively using the techniques favoured in medical anthropology (Cunningham 2002). Although, there are copious descriptions of the healing methods used by tribal groups from many other lands in different writings within

anthropology, their contextual placement and interpretation does not form part of this thesis.

As might be expected, most of the descriptions of illnesses are based on observation of the skin surface of the sick individual, and also the frequency with which pain is mentioned does indicate that this was often a common presenting symptom of illness. Conditions such as epilepsy and insanity are those which are most frequently linked and associated with supernatural origins and explanations, possibly because the causation and meaning of these complex conditions could not be explained as easily as those arising from simpler complaints. Another group for which there are unusual explanations are the cases where the ‘internal’ complaints were thought to be linked to the presence of frogs or serpents in the stomach. It is judged that the descriptions of illness and treatments for epilepsy, insanity and the descriptions of internal frogs and serpents may have formed an older genre of traditional belief passed down from several previous generations. The continuing links in beliefs and customs which are found in different geographical areas of Scotland and the descriptions of diseases and their treatments in Scandinavian countries from the same period are also of considerable interest and relevance to this thesis.

The range of material relating to health and disease is very wide; many of the collectors of the Maclagan Manuscripts, for example the Reverend Neil Campbell and Elspeth Kerr, were aware of which of their informants had particular interests and recollections of particular subjects: thus hearing of legends and songs from one individual, descriptions of landmarks and place name origins from a neighbour, and accounts of disease and healing from a third person. Recognition of the variety of

people with different memorates of oral tradition and its transmission was also noted by more recent twentieth-century collectors, such as Calum Maclean (1915–1960). The Calum Maclean Collection Online Catalogue is available as a valuable resource of oral traditional material which includes many accounts of remedies and medicines. These were recorded mainly in the Outer Hebrides and the mainland Scottish Highlands from 1945 to 1955. The subjects of diseases and healing are in many respects similar to those found in the MacLagan Manuscripts, thus demonstrating the thread of continuity which existed in the beliefs and practices of traditional medicine throughout the Highlands of Scotland.

Some of Calum Maclean's recordings can be found in the Archives of the School of Scottish Studies. He obtained valuable recordings from the Reverend Norman Macdonald (1904–1978) of Glenelg, Inverness-shire in 1955, a Skyeman with a retentive memory; he recalled early birth practices practised by experienced village midwives, and their ritual of passing the newborn around the fire in a sunwise fashion; he also described the treatment of *meud-bhron* (E: dropsy – literally, a swollen stomach) by the application of a split toad to the patient's abdomen. Mary Beith wrote extensively about the variety of common diseases and the range of recommended healings in the Highlands and Islands in many issues of the *West Highland Free Press* (1989-2001) with many references to local knowledge and contextual sources on individual subjects.

The main purpose of this chapter has been to present descriptions of all the accounts relating to health and disease from the manuscripts which highlight the range of common medical conditions; it cannot, however, be implied that the number of

particular conditions stated are in any way indicative of the statistical frequency with which these conditions occurred in the different population grouping. It is also noted that the range of conditions mentioned, such as toothache, tuberculosis and trauma would not be found in any single modern textbook or be the subject of discursive analysis, by doctors and or related members of the medical profession. It is thus clear that the process of analysing and understanding all the descriptions of disease in the manuscripts is a demanding exercise, even before an attempt is made to conflate the named diseases with the applications of folkloristic therapeutic interventions from a distinctive cultural background which was also heavily influenced by beliefs of a supernatural dimension.

## **Chapter 5**

### **Charms and incantations**

#### **Holy water; wells, springs, and rivers**

#### **Stones and amulets as healing agents.**

In the first section of this chapter it is proposed to discuss and interpret the many examples of charms and incantations from the manuscripts, with due attention being given to other contextual writings on the same subject. From prehistoric times it is evident that the pronouncement of formulaic charms and incantations was part of normal life in different tribal groups and many countries (Roper 2009). They were recited in order to protect the person in a variety of situations recognised to be threatening or inimical to an individual's health, safety and integrity; these include protection from the ill will of witches or the malevolence of the 'evil eye' from a neighbour and to restore a person to health from illness. Charms were also said in the belief that they would promote and enhance well-being and happiness – such as to win the affection of a man or woman, or to protect the person from injury when he went off to war.<sup>121</sup> In keeping with the objectives of the thesis, the manuscript examples in this chapter will be mostly confined to those which relate to illness, disease and healing (see abstract), though references will be made to charms which provide insights into the beliefs and processes of daily life up to the end of the nineteenth century. There are various Gaelic terms which have been in common use to express the specific nature, setting and objectives of charms, such as *rosad*, *seun*,

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<sup>121</sup> Both charm and incantation are derived from Latin *carmen*.

*eolas geasan*, *ubagan* and *ortha*, all terms which were used to indicate the use of a charm, enchantment or the pronouncement of a spell.

As has been stated in earlier chapters, when definitive medical conditions are mentioned in the manuscripts, the recommended treatment is rarely of a single approach and thus a swelling of the neck may be subjected to massage, an oral herbal preparation, and also the saying of charms. Early descriptions of their use and national provenance can be found in many ancient writings, and diverse descriptions of their individuality and characteristics remain a topic which still generates academic interest within the field of ethnology (Roper 2009; Stiubhart 2008). Most of this chapter is written with the objective of revealing and understanding the nature, content and use of charms, as found in the Maclagan Manuscripts, but initially it will be necessary to consider where this practice ought to be placed within the wider context of what has been termed ‘ethnography of communication’. The significance and ubiquitous international nature of charms as a historical cultural genre has been briefly summarised in the following excerpt: ‘verbal charms are a cultural near-universal (perhaps even a universal), a way of coping with ill-health, with misfortune, and with anxiety about success in fields from agriculture to love’ (Roper 2009: xiv). Although there are some evident similarities between traditional medicine in the late nineteenth century, when the Maclagan Manuscripts were collected, and some of the current Western practices in alternative and complementary medicine, it can be seen that the enunciation of formulaic language charms is not a customary detectable feature in the latter category.

Even before a detailed examination of this custom is made, it can be surmised that the reciting of a verbal charm was likely to be placed in a different register by both hearer and speaker from normal everyday conversation. Nowadays it is rarely possible to participate in ordinary conversation, or more especially in discursive rhetoric of any subject, whether scientific, political or derived from the arts and humanities, without being aware of the distinctive nature of written/typed language or modern media communication – such is the power and ubiquitous nature of the written word. However, it has been noted by Ong (1968 and 2000) that, while the human race has existed for 50,000–60,000 years and written texts first appeared approximately two thousand years ago – the earliest cuneiform writings have been found in China. Hence, the importance of oral transmission of substance and meaning in different languages has been the main method of human communication for a much longer period of time than the use of the written word.

Ethnography of communication is a method of discourse analysis in linguistics which draws on the field of ethnography but recognises that both language and culture are integral to fuller understanding of the subject. Saville-Troike (2008) in her study of *The Ethnography of Communication*, outlines many features of this subject and pays tribute to the earlier seminal publications from Hymes (1964 and 1972). She emphasises that power is not only displayed through language but is often achieved through language (Saville-Troike 2003) and although it is not used in the context of a description of charms and incantations, it may be considered of direct relevance to the subject of this chapter, where the choice and verbalisation of a subject in a particular language from a different register, is expected to affect and change human attributes and disease situations. The ethnography of communication appears to



intersect many aspects of social organisation and relationships between different groups.<sup>122</sup> It has been said in relation to this subject that ‘Analysis of a communicative event begins with a description of the components which are likely to be salient’ (Hymes 1972)), and an attempt has been made to codify the subject by providing a comprehensive list of the features judged to be of prime importance to oral communication:

- The *genre* or type of event (e.g. joke, story, lecture, greeting, conversation)
- The *topic*, or referential focus
- The *message content* or surface level denotative references; what is the topic communicated about
- The *purpose* or *function*, both of the event in general and in terms of the interaction goals of individual participants.
- The *setting*, including location, time of day, season of year and physical site
- The *key* or emotional tone of the event (e.g. serious, sarcastic, jocular)
- The *participants*, including their age, sex, ethnicity, social status or other relevant categories, and their relationship to one another
- The *message form*, including both vocal and non-vocal channels, and the nature of the code which is used (e.g. which language, and which variety)
- The *act sequence*, or ordering of communicative/speech acts, including turn-taking and overlap phenomena
- The *rules for interaction* or what proprieties should be observed
- The *norms of interpretation*, including the common knowledge, the relevant cultural presuppositions, or shared understandings, which allow particular inferences to be drawn about what is to be taken literally, or what is discounted.

(Saville-Troike 2003: 110-111 )

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<sup>122</sup> Sherzer (1983) in *Kuna Ways of Speaking* carried out a landmark study which looked at curing ways, puberty rights and house gathering rituals.

From accounts of traditional medicine in many countries, it is evident that even in the shortest accounts of disease and healing, as understood and suffered by patients, there is a narrative sequence which relates to the temporal nature of events from early symptoms, putative diagnosis and speculation as to the outcome of the disease. This does not seem to have received universal recognition and in some modern writings on ethnography, there does not appear to be any reference to the derivative relationship which the subject has with pre-existing historical folkloric descriptions (Atkinson, Coffey et al. 2008)

Nonetheless there are some ethnographic publications which relate to the use of charms in the Gaelic language. (O' Madagain 1989) provides several examples of lullabies, many of which were said to be protective, keeping the child from the risk of abduction or substitution by a changeling. The power of the verbal construction of the lullaby was enhanced by its musical intonation, both for the singer and the child. Shaw suggests that there are several examples of speech events and styles relating to communicative competence and their relationship to cultural values derived from the use of language. It is also emphasised that 'speech styles can comprise varieties and registers, as well as genres' (Shaw 1997: 311).

The subject of disease and healing appears much earlier in Egyptian and Middle Eastern writings. There are many descriptions preserved in cuneiform script on clay tablets dating back to the seventh century BCE from the Library of Assurbanipal, still preserved in Nineveh. Three types of healers are noted – seers who undertook divination, priests who performed charms and incantations and physicians who undertook the more physical aspects of basic surgery and gave herbal medicines. One

of the best-known old medical documents from Thebes is known as the Ebers Papyrus (*c.* 1550 BCE) and, within its length of approximately 20 metres, it deals with many diseases and proposed remedies, including spells and incantations (Porter 1999; 48); some of the ailments described are similar to those found in the Maclagan Manuscripts, as well as the treatments recommended for eye diseases, sprains and tuberculosis.

From close observation of the material in the Maclagan Manuscripts, it is clear that not all the features mentioned above can be found in every account, or are found in the enunciation of charms, even though it is recognised that this thesis is being written over a hundred years after the collection was made and the language useage, both English and Gaelic, is distinctive for the late nineteenth century. Nevertheless, any of the collectors who contributed to the wealth of the manuscripts (and other similar collections of oral traditions) would have a measure of comprehension of several of the above criteria and might be expected to give credence to their importance.

Thus it is not surprising that in the large number of manuscripts and writings on this subject, there are detailed accounts of how disease was regarded as affecting people of all ages; and how charms and incantations were part of selective performance narratives directed at the alleviation of disease; and also how each generation relied on the orally transmitted beliefs from their ancestors. The different roles adopted by individual healers can be also seen in the different typologies of diseases found in the Maclagan Manuscripts.

Belief in the value of charms and incantations for the healing of a variety of diseases was common in the Highlands and Islands of Scotland until the end of the nineteenth century, and many examples of a diverse nature can be found in the Maclagan Manuscripts. There also existed a similar belief that charms could be used to forestall the evil intentions of certain individuals in a community – who were not necessarily regarded as witches – but who, from envy or jealousy directed at certain individuals, could inflict injury, disease or death by the enunciation of a charm or incantation. The vocalization of oral charms preceded the spread or democratisation of writing skills and it may be inferred that much of their mystery and power was derived from the status of the charmer, his pronounced oral delivery as well as the belief and trust invested in him by the recipient.

It was obvious from an early stage of research that the descriptions of charms and their vocalisation in different diseases are similar to those found and recorded by Alexander Carmichael and found in the Carmichael Watson Manuscript collection. Many are also similar to those recounted by Mackenzie (1895), MacBain (1890–1891) and Black (1892-1893) which would tend to substantiate the belief that there existed a measure of general uniformity of content and descriptive language in the corpus of charms found in Gaelic culture throughout the Highlands and Islands. However, in the twenty-first century, a particular Scottish Gaelic charm was discovered in the North Carolina Office of Archives and History (Black 2007) which was thought to originate from North Carolina in the eighteenth century. In giving special attention to the examples given below, it is hoped firstly to identify the precise details of the charm and incantation as an oral performance in a particular situation, and secondly to attempt to gain a thorough insight into the beliefs and

practices of the informants as these reflect and display the oral traditional culture from different geographical, social and historical settings in the ethnography of communication.

It is hoped to set them all in the context of other collections of charms, supported by some of the analytical writings from different authors. Although individual examples of the practices of charms from the MacLagan Manuscripts have been published, mainly in the journal *Tocher*, there has not been any detailed examination of all the material as primary source material. From an initial search of all 10,034 items listed in the Microsoft Access database of the manuscripts, 144 items have been found using the key words ‘charms’ and ‘incantations’. From further cross-referenced textual mining, specific diagnoses, such as ‘toothache’ and ‘cuts’, gave access to the database and confirmed that all the references to charms in the manuscripts had been found.

Although many of the charms were recited to alleviate specific named diseases, there are instances where the nature of the illness is not given and yet the language in the charm was often linked to Christian symbolic characterisation which was believed to collude in a powerful healing dimension. The following incantation is given in its entirety with English translation

*Ni mi an obaidh seo ri d’shuil  
A uchd Phàdruig, a uchd Phòil,  
An obaidh is fear fo’n ghrèin.  
Sìol Mhoire, sìol Dè, sìol Pheadair a choin mhòir  
An triur ainm sin rugadh nuair rugadh Crìosd.  
Aon euchd’s an ath eud is euchd, euchd,*

*Air do shlàinte-sa A. B. (ainm an duine)*  
*Rachad do chroicinn, croicinn do bhoise*  
*Ro uchd farmad, farmad an triùir*  
*Ro shuil air bheag, 's ro shuil air mhòr,*  
*Ro shuil mna bleoghainn,*  
*Ro shuil riomhach, ro gach shuil a sheallas*  
*Cul nan clachan, gus an tionndaidh craicionn 'na mais'*  
*Agus croicionn an teanga fo 'n bhonn.*

I shall perform this charm before your eye,  
From the bosom of Patrick, from the bosom of Paul,  
The best charm under the sun.  
Progeny of Mary, progeny of God, progeny of Peter of great love,  
Those three names that were born when Christ was born  
One envy, the next envy, and feats, feats,  
For your health A, B (name of person)  
Let the skin, the skin of your palm  
Go through the bosom of envy, the envy of the Three,  
Through the eye of the young and the eye of the adult,  
Through the eye of the milkmaid,  
Through a beautiful eye, through every eye  
Which looks behind stones, till skin turns into beauty  
And the skin of their tongue below the base.  
(MacLagan 2197a)

Miss Kerr, in obtaining this charm recitation, added, ‘Miss Catherine Macleod,<sup>123</sup> Berneray, got this incantation, which is used in the three knot cure from her father; it was used in her own case beneficially on one occasion when she was unwell.’

From closer scrutiny of the complete charm incantation, it would appear that the eye has been mentioned five times, possibly underlining the ancient belief that it was

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<sup>123</sup> She was evidently visiting her sister, Anne Turner (nee Macleod) in Islay.

through visualisation by the human eye that both good and evil intentions and desires were relayed from one person to another and were hence believed to affect the recipient's own life and fortune. This subject was of considerable interest to Dr MacLagan and led to his publication *Evil Eye in the Western Highlands* (1902).

Since the Highlands existed mainly as a rural community where manual labour at home, in the fields or at sea was a normal part of daily life, sprains and injuries of muscle or tendon in limb or body were common and there are several references to their treatment by charms and accompanying incantations.

Thread charms were made by certain people using red or other coloured material and they were also used for treating and illnesses in cattle and horses. Much care was often shown in the preparation of the thread charm, as shown to Elspeth Kerr by an old Highland friend in Edinburgh, Mr Macrae, who had in turn obtained it from an old lady friend of his acquaintance (its provenance is not given).

She took a piece of woollen thread and holding it across her lips with the fingers of her two hands, she repeated the following two words on the thread:

*Nuair a chaidh Crìosd a-mach*

When Christ went out

Here she put a knot on the part of the thread that had been on her lips, and then moved it fully an inch, and then on the part that was now on her lips, she went on with the incantation

*Fhuair e casan nan each briste.*

He found the legs of the horse broken.

Here she put on another knot and proceeded as before

*Chuir e cnamh ri cnamh*

He placed bone against bone –

and proceeding with a further knot

*Feith ri faith,*

Tendon to tendon,  
followed by  
*Feoil ri feoil,*  
Flesh to flesh, (and finishing with)  
*Is marsin a tha mise gad do dheanamh slan.*  
Thus I render thee healed.

(Maclagan 9041) (Writer's translation)

Then taking the thread to the affected arm or leg, she would tie it on with a final knot. A commonly used name for the healing thread was *sgeithe feithe* (E. tendon binder). In most instances, the healer would not expect payment but there are many examples where a gift would be left for him/her.

Another account introduces us to a different practice where a healing incantation was used at a wedding reception. The informant had been at a wedding when one of the women fell down on the floor, unconscious with foam coming out of her mouth. It was deduced that she had been bewitched by another lady. An individual present, Archie Beag's wife, made a healing charm (G: *pisearachd*) by drawing a circle around the woman, burning part of her clothes and drawing blood from her skin. The informant could not remember what else was done but said 'the woman was quite well in a short time' (Maclagan 6770a).

From the above description, it is probable that the woman had suffered from an epileptic fit and after a period of time had made a spontaneous recovery, as is often the case. In the late nineteenth century, there was no regular drug treatment available for epilepsy. Because this dramatic incident had happened during a public ceremony when it would have been observed by many people, it is likely that the whole episode



would have been told and retold in the community which led eventually to its recitation and appearance in the manuscripts.

Eye diseases, such as injuries or infections, are often recorded as being treated in simple physical manner, for example by the application of cold tea, but sometimes there had to be a more complex charm application; in some instances, it was not thought necessary for the person saying the charm to be present and that his/her incantation of an oral formula could be effective when uttered for a named person from a distance (MacLagan 7951a).

It is stated in another account (MacLagan 5425a), that for the charm to be fully effective, it would be necessary for the patient to be keenly alert to the enunciation of the charm. The use of charms, in the course of time, was linked to the advent of writing skills; a Lewis girl is given a Gaelic written charm which was sewn inside her clothes and which she was advised to wear permanently until she got complete relief from her complaint (MacLagan 8790a).

The number of charms recounted as being useful for healing animals, especially cattle, were also said to be numerous (Campbell J. G. 2005: 209). The frequency with which cattle are mentioned may reflect how important cattle were in the provision of milk and its derivatives, like butter and cheese, for the welfare or survival of the family. Frequently, the malevolent effect of the ‘evil eye’ was thought to be a common factor in the incidence of diseases of cattle.

Neil Ross, an informant from Broadford, Skye, remembers from his boyhood *eolas an sniomh* (E.thread knowledge) being used through the use of a coloured thread and

tar being applied to a suffering cow (MacLagan 5425). Even when a cow was not ill, a charm was said to minimise its risk of injury or illness; for example in North Uist a woman takes her cow out to pasture and bids it a simple farewell by saying:

*Gu robh gach slochd duinte, is gach torran reidh,  
Gun coimhid Columcille oirbh, gus an till sibh dhachaidh.  
May every pit be closed, and every slope be even for you  
And may St Columba preserve you till you return home.*

(MacLagan 5426)

There are several references to St Columba as the patron saint of cattle, both in the Carmichael Watson collection and in the MacLagan Manuscripts, variously expressed: ‘May Columba protect your cattle’ or ‘May the herding of Columba be on your cattle’ (MacLagan 5426a).

From another source,<sup>124</sup> a short charm is expressed for cattle with distemper<sup>125</sup>:

*Ge b’e co a’rinn an tnu,  
Fear donn no te fhionn,  
Cuiridh mis’ an Triuir gan casg  
An t- Athair, am Mac’s an Spiorad Naomh.  
Whoever has done this deed of malice,  
A brown man or white woman,  
I send these Three to check them,  
The Father, Son and Holy Ghost.*

(Black 2005: 209)

It is noteworthy that many of the accounts in the manuscripts were recited in Gaelic for the collector with some reluctance; it was believed that if the incantation was used out of context it might lose its effect and potency when required in a real-life

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<sup>124</sup> Carmichael Watson MSS 241 f.36 University of Edinburgh Library.

<sup>125</sup> Distemper was a term used to mean a mental or physical derangement. Contemporary use is limited to a severe viral disease affecting dogs.

situation on a future occasion (Stiubhart 2008). Where there are recorded examples given with the English translation, it is also clear that there was a degree of specialisation in healing, with some healers using charms and others giving herbal remedies or physical treatment, such as massage of muscles and tendons. Many conditions frequently mentioned in the manuscripts come from a relatively normal diagnostic medical category, such as toothache, cough, warts, and cuts and burns of the skin; in most of these instances, the naming of the condition could be regarded as being the correct diagnosis and hence would be likely to receive similar charms from the attendants. Other symptoms, such as those relating to internal body conditions, would be liable to much less clear physical interpretation and hence the range of suggested treatments came from a wider selection, whether charm-based, physical or based on herbal preparations. If considered from current perspectives, many physical ailments would have been subject to the body's own healing process and hence any possible benefit from the charm would have been difficult to validate.

The best-known collection of Scottish charms is found in *Carmina Gadelica* (1900–1971), where Alexander Carmichael presented the charms and incantations collected mainly, although not exclusively, from the Outer Hebrides; for many years these volumes have been the main source of charms to which all other collections were compared. Carmichael had used an edited selection of his collection for publication in *Carmina Gadelica* and currently a detailed examination and transcription of all his extant handwritten notebooks is being undertaken by the University of Edinburgh Carmichael Watson Project and valuable new insights have been gained into the context and background of this unique collection (Stiubhart 2008).

In *Carmina Gadelica* Volume 4: 150–313, there are 73 charms listed under the heading *Orthachan Leighis* – Charms for Healing covering a wide variety of conditions, many of which are similar to those found in the MacLagan Manuscripts but also several relating to conditions which are not found therein; these include a description of the thyroid gland (*G.brisgein*), cancer (*G.buirbein*), childlessness (*G.Bean gun chloinn*) and chest seizures *G.(eolas na glacaich)*. As in the MacLagan Manuscripts, it is noteworthy that it was not always necessary for the healer to be near the patient when the healing incantation was made. Carmichael describes this particular mode of healing as ‘the transmission of occult power’ (ibid. 280); he also notes that the person who has *eolas* (E.knowledge of healing) must perform the healing ritual with faith and earnestness and be an individual recognised as being of ‘upright life and pure heart’.

Stiubhart in ‘The Making of a Charm Collector’ (2008) concentrates on the manner in which Carmichael collected charms and incantations in the Southern Hebrides from 1862 to 1882. A detailed description is given of the manner in which he undertook his collection, the people who provided him with their knowledge, with notes on their sources and their geographical locations, during the various phases of his collecting. As with many descriptions of charms, both the contrasting simplicity and intrinsic narrative complexity of the charms and incantations come to the fore and shed further light on the multifaceted nature of the genre. Some of the charms are specifically positioned in preventing and thwarting the malevolent intentions of some individuals, while others are specifically targeted at relieving simple conditions, such as toothache and sprains.

Another important cultural contribution to the Highland history of disease and healing came from a book which no longer exists. ‘*The Red Book of Appin*’ described as probably a treatise compiled in Scotland on medicine, or veterinary medicine....it may have been known and consulted some time in the last years of the eighteenth century or the opening years of the nineteenth’. (Cheape 1993: 111)

The book was said to have had a well-remembered place in folklore tradition of the West of Scotland, deduced from the many references to its existence and contents by storytellers, some of which were eventually printed in *Witchcraft and Second Sight in the Highlands and Islands of Scotland* (Campbell 1902).

Sixteen healing charms from a *Leech Craft Medicine Book* based on medieval manuscripts are kept in the British Library, as noted by Olsan (2003). He comments that in this old medicine book, there were many diseases for which charms were not used, such as headaches, eye diseases or back pain, being treatable in this collection by other kinds of remedies; it is immediately obvious that herein lies a clear difference from the accounts in the MacLagan Manuscripts, where these conditions are, in many instances, treated by incantations and charms. However, considered in its entirety, it seems quite likely that Olsan’s summary of the underlying basis of the use of charms in his study is also relevant to the use of charms in the MacLagan Manuscripts:

the existence of a medieval charm (or prayer) to cure an ailment probably depends less on the inherent nature of the medical condition, than on cultural perceptions of the disease or symptom (i.e. how it features in the social imagination), the availability of an authorized or traditional formula for its cure, and relevant prevailing forms of religious piety ... these

charms are situated quite comfortably, in an intersection of medical care, religion and magic rite.

(Olsan 2003: 229–230)

Olsan also notes that the perceived needs of the patient by the healer might determine whether charms or another form of treatment were more appropriate, a concept also found in the Maclagan Manuscripts.

In *The Gaelic Other World*, (Black 2005), most of the descriptions and comments on the use of charms, are found in Chapter 14 ‘The White Witchcraft’; and again many of the entries are similar to those found in the Maclagan Manuscripts. These include the use of charms against fever or affections of the chest, alleviation of bruises, induction of bleeding and the healing of tuberculosis and toothache. These descriptions serve to emphasise that ‘common complaints reflect common ailments’. As a pointer to the widespread origins and similarities in the uses of many charms, a charm for toothache is recounted from the island of Tiree, which was thought to have come from the Isle of Man ( Black 2005: 208)

Davies (1996) surveyed the use of healing charms in England and Wales from 1700 to 1950 and classified all the material he had found according to nine ailments for which they were given as cures. These were all related to the presumed diagnosis, usually derived from complaints or observations from the superficial areas of the body. He also noted that some parts of England (e.g. Devon) were richer in the number and variety of charms collected than other areas. Although this observation might have been related to the richness and vitality of the traditions in this area, equally it could have resulted from collection bias and the greater enthusiasm and skill of the collectors. Adopting a system of classification recommended by

Kieckhefer (1989: 69), he used two categories for examination of his collected material, viz. prayers which take the form of requests directed to God, Jesus, Mary or a saint; and blessings, which take the form of wishes directed to the patient. These do not come into the category of the ‘adjurations directed to the illness itself or to the agent responsible ... prayers and blessings are not inherently magical, of course, but they can be easily integrated with magical concepts and in the context of use cited, can be legitimately called ‘charms’ (Davies 1996: 20). Healing as an affirmative derivative of belief has been part of Christianity since New Testament times and, as a related subject, can be tracked through the research of scholars such as Porterfield (2005) and Finkler (1994).

From the middle of the nineteenth century in Scotland the number of Presbyterian congregations of different denominations had increased considerably from their acceptance of different theological points of view.. These had emerged in ‘secessions’ from the Established Church of Scotland in the eighteenth and early nineteenth centuries culminating in the Disruption of 1843, and did not include the Scottish Episcopal and Roman Catholic churches which sustained their own priests and congregations, albeit under the threat of legal penalties (Cheape 2013). A few ministers had added to the collection of the manuscripts, as found in the list of contributors in the Appendix, the most notable being the Reverend Neil Campbell from Kilchrenan, near Oban. Dr. MacLagan was aware that ministers would have possessed the necessary literacy in transcribing the accounts, would have been well known to the informants and tradition bearers in their locality and would have enjoyed the confidence of the community. There were a few instances where they expressed their disapproval of the beliefs in charms and incantations and their

presumed effects on disease and illness. It has been commented that there was a certain ambivalence in the position held by some ministers in their perception and understanding of traditional beliefs and practices in their parishes (Davis 1992). However, it is probable that it was the gradual shift to greater reliance on university-trained doctors and their skills that lessened the use of charms for healing.

For many conditions treated in a conventional manner within current biomedicine, there is well-attested benefit from the placebo effect (Beneditti 2009). A placebo may be defined as a simulated medical intervention which can produce benefit for the patient although it may be based on an inert drug or intervention. It has also been found that confident verbal advice given by an attending physician can be beneficial to a patient who has trust in his doctor, even if the advice is of a general nature and unrelated to the patient's illness; the patient may feel better, even though the disease process may not have been checked (Helman 2007). In patients exposed to charms and incantations, it has been commented that their use 'could only lead directly to harm by fostering a spirit of incredulity and preventing inquiry into natural causes' (Black 2005: 199). This statement, however true in the universal context of the current knowledge of medical science and biomedicine, does not recognise the scarcity of doctors and isolation of the Highland communities when the Maclagan Manuscripts were collected and the people's continuing substantive reliance on the healers in their own communities. As more doctors were employed in the Highlands and Islands, the practices relating to charms and incantations certainly diminished; however, the early collectors and contributors to the Archives of the School of Scottish Studies, which was established in 1951, found that many of their informants, when questioned on the subject of illness and diseases, responded with recollections



of charms and related practices as recounted to them by their parents and grandparents.

The related subject of the ‘evil eye’ may be discussed as a separate subject from charms, principally because charms were generally expressed to vitiate disease, illness and threatening situations, and also to protect an individual from the ‘evil eye’. Several examples of the latter are found in the *Evil Eye in the Western Highlands* (MacLagan 1902). It was believed that a child or adult who was the subject of effusive praise by a neighbour or individual could be at particular risk of illness, injury or severe personal distress. In many parts of the Highlands and Islands, children would be kept away from those suspected of having the ‘evil eye’ and when they were allowed outside, it was often in normal attire so as not to be seen as attractive, in any sense, to anyone thought to have the ‘evil eye’. It is noted several times that individuals might have an ‘involuntary evil eye’ and might not be aware that they possessed such a quality, such that their ‘looking’ at a person could cause affliction or disable the recipient (MacLagan 5594a). In another instance, an individual who was the recipient of somewhat over-lavish praise might say to the speaker ‘*Fliuch do shuil*’, meaning ‘Wet your eye’, which s/he might then do by rubbing both eyes with her/his own sputum (MacLagan 5343a and MacLagan 5595). For many Highlanders, there was thought to be a close conceptual association between the ‘evil eye’ and avarice and this was expressed as: ‘*B’abhaist gum biodh e air a’ radh le seann daoine, gun sgoltadh an t-suil shanntach eadhon na creagan fhein bho chèile.*’— ‘It used to be said by old people that the eye of avarice could split even the rocks asunder’ (MacLagan 5659 a.1).

Professor McCartney, writing on the subject of the ‘evil eye’ in *Praise and Dispraise in Folklore* (Dundes 1992), adopts a similar approach to the interpretation of use of praise and dispraise in what were understood to be disproportionate amounts. He draws attention to the ancient nature of the subject, derived from writings of ancient Greece and Rome when diseases and healing subsequently had their own distinctive range of cultural expressions.

Though no direct information has been found as to why Dr Maclagan acquired such an interest in the ‘evil eye’, it is possible that as a doctor practicing his university-acquired knowledge in late Victorian Edinburgh, he had also become aware of the contrasting beliefs in traditional forms of medicine held by some of his patients which could be sourced to the field of folk medicine and herbal treatments. As we have noted, Dr Maclagan spent some time as a young doctor researching the use of arsenic in Styria, a rural part of Austria, where he may also have developed an interest in the wider traditional health beliefs of the inhabitants and which, in his later years, may have stimulated him to look for similar beliefs and practices in Scotland.

The final concluding comments of this chapter aim to provide some insights into the current status of charms as a subject of continuing interest in the field of ethnology. There are several similarities between many descriptions of charms and incantations from the Maclagan Manuscripts and those which have been the subject of research and publication in this century (Roper 2009). The formation of a special committee on Charms, Charmers and Charming within the International Society for Folklore Research led to several International Charm Study Conferences, commencing first in

2003. The nature of the academic discourse on the subject of charms has been succinctly expressed:

Typical research projects now include the historical relationship between scattered texts, the relationship between text and context, and between the words of the charm and the procedure of charming. Investigations are now made into how charms are memorised and into what the traditional rules about their transmission from one person to another might be, and the presence of variation in charm-texts is focused on. Pen portraits of charmers are produced, the internal logic and the internal poetics of charms debated, the psychology of the users of charms and the patients of charmers analysed. And outside of charm studies, the use of charms and charming as historical evidence for other fields of knowledge has begun to grow. There is further evidence of the on-going fascination with an element of human belief and behaviour which has no national boundaries. It has been said that these traditions are still part of life in Eastern Europe, including large areas of Russia.

(Roper 2009: 14–16)

Charms may be considered as part of the interface between an individual's understanding of his/her physical state and the supernatural unseen world, when belief in its reality could be accessed in times of illness, stress and when survival is threatened. From a basic typological perspective, charms may be considered as having content, mode of expression, applicability and specificity, even before one considers the charmer, his/her performance and the modal characteristics of the recipient's beliefs. In modern times, being aware of the attention which is given to placebo effects of drugs and interventions, we would also like to be able to judge the effects of the use of different charms and whether it might be reasonable to relate any of their intrinsic features and situational performance to the outcome for the sick patient. Another perspective on 'Charms as a Means of Coping', has been expressed thus by Wolf-Knuts: 'The content of the charm was constructed in order to

correspond to the needs of a certain situation in human life, and the components were taken from several spheres, culturally inherited as well as self-experienced’ (Wolf-Knuts 2001: 63).

Wolf-Knuts is further quoted in (Roper 2009: 19) as saying that ‘charms can be well understood as a psychological coping mechanism’ and also ‘that charms ... provide the distressed with the same mechanism for understanding his or her life situation (as novels can)’.

An omission of significance in many of the writings on the interpretation of charms and incantations, and also to the wider remit of more detailed academic study, is that there are relatively few first-hand accounts from patients or recipients of charms, as to how they felt and responded to the ‘charming’ at the time of pronouncement; whether any healing effect was immediate or delayed, short-acting or gave permanent relief and whether their experience would induce them to return to the same healer on a future occasion.

As noted previously, there is a well-recognised wealth of material relating to charms in many of the collections of oral traditions from the late nineteenth century, including the Carmichael Watson Papers and Maclagan Manuscripts, and some early work based on their content is beginning to appear (Stiubhart 2008). An earlier contribution to the current beliefs in charms came from the work of Reverend Robert Kirk (1644-1692) who died before ‘The Secret Commonwealth & a Short Treatise of Charms and Spells’ was published; he begins his writing on the subject (Kirk 1976 ed. Sanderson 105-113) by defending the ‘lawfulness of charms ‘ and their acceptance by each community. However, it would seem that a deeper understanding

of the subject could be achieved within the guidelines given by Roper (2009) by further detailed research on the subject of charms relating to healing as found in the Maclagan manuscripts.

### **Holy water; wells, springs, and rivers**

In the earlier introductory description of the range of subjects relating to healing found in the manuscripts, it was noted that the references to water, holy wells and springs and lochs formed one of the largest sub-categories, second to the use of verbal charms and incantations and exceeding the number of references to herbal remedies. From a search of the Maclagan Access database, 103 instances were found in which visits to healing wells, springs and rivers and application of holy water were thought to contribute significantly to healing from a variety of ailments. In most instances the name of the well is given in Gaelic, consistent with its geographical siting in the main areas where Maclagan's collectors were most active, Argyll and the Inner Hebrides. It will also be evident from the details given below that there are other accounts of wells; their regular use in healing practices came from Sutherland, Inverness-shire, the Outer Hebrides, and occasionally from the north-east of Scotland.

Currently, when good-quality household water is readily available – at least in the Western World – and belief in the healing qualities of wells has diminished with the advent of conventional medicine, it requires a strong imaginative effort to predicate our understanding on the fundamental links of interdependency which existed for our forebears between the earth, water and human existence. This would have been closely linked to the unpredictability and uncertainty of many aspects of daily living,

including illness and disease. Sources of water were correctly appraised as necessary for human survival, and water symbols have been found on figurines and goddesses in the Middle East dating to 4000 BC. Similar representations of the power of water in the form of rivers, springs and wells have been found in every major civilisation since then (Dexter and Mair 2010; Logan 1831). It is thought that stone circles in Britain, such as Stonehenge, were deliberately built near healing wells (Bord and Bord, 1986). Also, in the later years of the twentieth century, Western researchers have discovered that Australian Aborigines and some African tribes continue to venerate water in ceremonial fashion (*Birx* 2006) in a manner similar to that thought to be similar to those pagan rites of passage and healing which were often associated with streams, pools and sacred groves in Britain. The names of many well-known rivers in Britain date back to the early years of the first millennium; the river Dee in Aberdeenshire is named after Deva, the ‘goddess’; Clyde comes from Clota, the ‘divine washer’, and Thames from Tamesa (Brythonic: ‘the dark one’) (Bord and Bord 1986; Rattue 1995)).

Clearly linked to the belief in wells is the Celtic head cult; it was believed that the spot where a severed head fell in mortal combat was the site where a well might flourish (Ross 1962) In the manuscripts, there are also descriptions of the use of skulls as drinking vessels to give healing to those afflicted by mental disorders, such as epilepsy. At Marnoch in Banff healing ceremonies took place with water from a nearby holy well and it was drunk from a skull, said to have belonged to St Marnoch. It is a likely supposition that both the use of a human skull, especially one derived from a suicide patient, and the drinking of holy water from it were thought to be doubly effective in the treatment of epilepsy (Maclagan 6444a.1)

From the original Gaelic descriptions, it is clear that the names of some wells are derived from their geographical sites and were an important landscape feature for residents in the villages and for those journeying through the glens and the desolate countryside since knowing where the wells were situated might have been vital for their survival. Sometimes the name of the well was derived from the name of a local person; in Gortantaod, Islay *Tobar Mhairi Sheonaid* was named after an unusual woman, Mairi Sheonaid (Mary, daughter of Janet) who lived on her own out in the hills tending her goats. When she sang to them, the goats would immediately come closer. The well was believed to have the best water for healing in the island, especially for those suffering from indigestion (MacLagan 5317a.3).

Often it is not possible to ascertain which individuals are named, as many lived in times before censuses or registration of births or deaths had been introduced, and we are often left with only the patronymic of the individual as the only guide to their identification. Wells used for normal domestic purposes, or for providing water for cattle, were not usually given the same status as those with potential healing for humans.

As noted, wells were often given the names of Christian saints dating back to the early spread of Christianity in Scotland, when priests and bishops wished to replace the pagan names with those of their own revered progenitors. One such example is found in Adamnan's *Life of St Columba* (Sharpe 1995) in which is related the procedure followed in sanctifying a particular well.

Once, when St Columba spent some time in the land of the Picts, he heard reports of a well that was famous among the heathen population. Indeed, the foolish people worshipped it

as a god because the devil clouded their sense. What used to happen was that anyone who drank from the well or intentionally washed his hands or feet in it was struck down by the devil's art (for God permitted this). Such people became leprous or half-blind or crippled or were afflicted with some other infirmity when they left the well. These occurrences deluded the heathens into treating the well as a god. When St Columba heard of this he made his way fearlessly to the well. The wizards whom he had often driven away in confusion and defeat, saw what he was doing and were glad, for they expected that he too should suffer the effects of touching the harmful water. The saint first raised his hands and called on the name of Christ before washing his hands and feet. Then he and his companions drank from the water that he had blessed. Since that day, the demons have kept away from the well. Instead, far from harming anyone, after the saint had blessed it and washed in it, many ailments among the local people were cured by that well.

(Sharpe 1995: 162–163)

St Columba is also shown to have an intuitive practical approach to the treatment of some diseases, such as when he treated a young man with recurrent nose bleeds by 'squeezing his nostrils between the thumb and forefinger of his right hand, and blessed him'. The man was cured permanently from his condition (Sharpe 1995;168)

There are several references to St Columba in the Maclagan Manuscripts, which is not surprising, since from his home in Iona he had visited many places in Argyll and the Inner Hebrides where most of the Maclagan collection of oral traditions were gathered some fifteen hundred years later. This sample of descriptions of the wells from the manuscripts are presented in order to illustrate the primary accounts of what the informants knew about wells in their own neighbourhood and also to analyse, where it is possible to do so, how this information was translated from Gaelic by the collectors and whether they attempted to supply any personal interpretation of the story.



One account is told by a native of Arran:

Saint Columba was with us in Arran and we have a well at the Pirnhill which is named after him. The water that is in it is exceedingly good and it never dries at any time. We will be making out that it is colder in the summer than it is in the winter – and there is healing in it! It does not matter what trouble will be on a person, fever or measles; he may drink as much of this water as he likes and it is not like other waters, it will do him no harm. There was a man in London one time, who was very ill with some kind of trouble and he saw in a dream an island on which there was a well in which there was water which he thought would heal him; but he had no knowledge either where this island was or the well. But the man went from place to place trying if he should fall in with the well. At last he reached Arran and he found the well there and when he drank the water, he got healing.

(Maclagan 8681)

The custom of travelling for long distances to find a well as a source of healing had existed for many centuries and the dreamt perception of its site and location was also a common feature in many similar tales. There exists a strong association between the names and history of the saints found in the early church and the names and healing benefits attributed to wells in many different parts of Scotland. Many publications on this subject have given a detailed history of the chronological sequence of the saints' lives, how they related to their local communities and how their names came to be associated with physical features of the landscape, churches and especially with healing wells (Mackinlay 1893; Bord and Bord 1986; Morris and Morris 1992; Macphail 1896; Macleod 2000). This latter belief was particularly true for the areas of Scotland in which the Protestant Reformation of the sixteenth century had been less influential and where the names of the saints continued to be revered. The numerous references to St Patrick are an indication of the strong cultural links

which existed between Ireland and Scotland, especially those areas, such as Argyll, the Inner Hebrides and the southern islands of the Outer Hebrides.

Some wells were thought to be effective in healing certain specific diseases, such as toothache or backache and other wells were thought to give healing in a variety of different physical ailments, such as epilepsy and insanity. In these conditions St Fillan's well (Maclagan 3360a) and a well on Eilean Maree in the loch of the same name (Maclagan 2714 b) were thought to have healing benefit for patients. Also 'in a river between Dalmally and Tyndrum, if a subject suffering from insanity was bound and thrown into the stream, he was brought out sane and in his right mind' (Maclagan 2717a).

Thomas Pennant, after his tour of the Highlands in 1772, wrote of the well at Loch Maree in Ross-shire and how it was regarded as 'of power unspeakable in cases of lunacy' (Pennant 2000). The person so afflicted would in most instances be thrown into the well, sometimes at special times, such as midnight, or before sunrise. Again, the specificity of the expected response is evident for the treatment of toothache: 'there is a well in Knoydart which is believed to cure toothache, if the water is drunk before the sunrises on either Thursday or Sabbath' (Maclagan 2713a3).

There are 23 different saints names mentioned in the manuscripts, many of whom are already well known, such as St Columba, St Mungo, and St Patrick while others may be less familiar such as St Moadhan, St Fillan and St Maolrubha. From this number, eight are named as having an association with healing wells; the well sites are to be found in different parts of Scotland, but there are also accounts of St Winifred's Well in Holywell, North Wales and St Patrick's Well in Ireland. With reference to the

former saint, one of Miss Elspeth Kerr's informants was a 'stonebreaker' from Islay, usually poorly dressed in a ragged manner, but for whom she had a high regard for his innate courtesy and storytelling skill. He told her that a man known to him who suffered from rheumatism had travelled a long distance to St Winifred's Well in Wales and had been cured of his affliction by immersion in the well (Maclagan 6161a.1) This episode can be variously interpreted, but includes the perception that while most of the oral folklore in the manuscripts was locally based, some items were related to distant geographical sites.

St Patrick was credited with having blessed a well in Strathill, near Muthill, Perthshire 'when he and two of his disciples came the way' (Maclagan 8747 a.3). A more unusual anecdote is recounted by an inhabitant of Islay; he said that in his youth he used to hear it told in Portnahaven, Islay about a healing fresh water loch in Donegal which St Patrick had changed into wine for the benefit of the natives. However, some time after this, they began to drink too much wine so that St Patrick had no option but to turn the wine back to water again (Maclagan 6719a.1). The New Testament biblical account of water being turned into wine quite possibly served as a blueprint for this story.<sup>126</sup>

It has also been suggested that some wells had varying periods of efficacy; a well in St Ciaran's Cave in the parish of Campbeltown was said to have healing properties but over a period of time it had lost some of its reputation for healing. However, when children in the locality began to be afflicted with a severe illness, their mothers took them to the well and, in due course, many were healed. Then a local man

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<sup>126</sup> St. John 2:1–12.

suffering from debilitating rheumatism visited the well, where in conventional manner, he dropped some money into the well before bathing and then he prayed for an effective cure. He was cured of his complaint and this led to a resurgence in the use of the well for healing by others as well (MacLagan 1483a.2).

Burns and streams were often named after saints, such as St Bridget's Burn on the border of Kilbarchan, Renfrewshire, named after the patron saint of the parish, St Bridget.

The next two descriptions give explanations of the derivation of their names.

Down between Terrintoirck<sup>127</sup> and Strontoillan a few miles from Oban, there is a very good well known to the inhabitants as *Tobair nam Bas Tholl* (The Well of the Palm with the Hole), and it was said that its name is based on the following legend.

When Diarmaid, the Ossianic legendary hero was away with his companions hunting the wild boar, he ran him to the ground about the place and after he killed the boar, he was asked to measure it. He began to do this and was measuring it by walking in his bare feet from the snout of the head to the point of the tail. But as one of his enemies watched him, he thought there was a good chance of getting rid of Diarmaid, and so he asked him if he would just measure it, in the reverse way to which he was doing it. So he asked him to measure it from the point of the tail to the snout of the head. In a thoughtless moment, Diarmaid did this, and one of the boar's prickly hairs went in his foot and the poor man knew that there was no chance for him as blood poisoning began, and he was in such a state with thirst that he began to call for a drink. The women ran to this well which was near, but alas they had no dish to draw the water with and only took it in the palm of their hands, which allowed the water to go through so that the poor man did not get much drink, although they kept running to and fro until he died. So that was how the well got its name.

(MacLagan 7317)

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<sup>127</sup> Torr-an tuirc and Strontoiller NM906284 Grid Reference in Ordnance Survey Map

This version of a mythical legend is well known and appears in several other sources. What is different in this instance is the description of the women who tried in vain to rescue him because they had no receptacle in which to bring him water. Although the well is not named on the Ordnance Survey Map, it is likely that it may have been situated in the vicinity of Diarmad's Pillar, as shown below.



**Figure 3: Diarmid's Pillar and stone circle**

An impressive standing stone and an incomplete stone circle near Strontoiller.

Another well, further north, commonly used for infant baptism was *Tobar na Baistidh* (Well of Baptism) in Portmahomack, Easter Ross. Apart from the reverence with which the well water was regarded, the person performing the baptismal ritual also had a central role in the procedure.

To the Earl of Cromarty there was born a son and heir and when the baptismal ceremony was arranged, Kirsty Beck was invited, she being a local knowledgeable woman. She brought with her water from a well to the west of Tarbert Established Church and asked that the child be baptised with this water. She provided a necklace of strange beads which she said were to be worn by the heir throughout his life for his protection. She also said that it was the strength of the belief in the custom of baptism which was more important than the water from the well. The heir eventually became the subsequent Earl of Cromarty, and when he became a man, he of all the Chiefs who were apprehended after the 1745 Rebellion, was the only one to whom Royal mercy was extended.

(MacLagan 2928a.1; extracted from *North Star*  
1 November 1894)

Kirsty Beck cautioned against forgetting the well, which according to her, had been blessed by ‘great holy men’, because this would bring tragedy to the local community. In those times, it was normal to seek an explanation for what might have been regarded as serendipitous events and hence they attributed his survival to the use of the water from the well and her beads which he had apparently continued to wear. This account also gives a special insight, ‘that it was the strength of belief in the custom of baptism which was more important than the water from the well,’ which is analogous to the currently held view regarding baptismal sacramental ceremonies.

There are several reported instances where wells were said to have lost their healing power when the water was contaminated from misuse, such as being used to wash dirty clothes, or if soiled material was placed in the well; or if some important feature was altered, as in the following example:

There is a well in the parish of Nigg, Ross-shire, called *Tobar na h-Iuthair* (Yew tree Well). It was thus named since at one

time a yew<sup>128</sup> stood beside the well and besides being a kind of landmark giving its name to the well, it also affected the water favourably, so that it was resorted to for healing in cases of ‘white’ swelling<sup>129</sup>, and it is said that it continued to be a healing for this trouble so long as the tree was allowed to remain there. But someone cut down the tree and ever since then the well has had nothing of its former healing properties. There was a good deal of local indignation among the local people against the one who had cut the tree down and it found its expression in a malediction that still remains among the old people there.

*Tobar na h-iuthair, tobar na h-iuthair,  
'S an dhuit a chòir a bhith uasal;  
Tha leabaidh deas ann an ifrinn,  
Do 'n fhear a ghearr a' chraobh mu'd chluasan.*  
Well of the yew tree, well of the yew tree,  
To you should honour be given;  
In hell, a bed is ready for him,  
Who cut the tree about your ears.

(Maclagan 8747) (Writer's translation)

The above account was given to Elspeth Kerr by the Reverend John Mackenzie from Kilbarchan, Renfrewshire, presumably because he might have had some early personal connection with Nigg. It is often noted that many of those who recounted stories and gave folklore material to Maclagan's collectors had moved away from their birthplace, but retained clear memories of what they had heard or seen in their youth and were prepared to recite their recollections.

From Islay there is a similar account of a well named *Tobar aon Bheoil* (E.Well of a Single Mouth), so-named because the cup-shaped cavity in a rock always contained

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<sup>128</sup> The yew tree (*Taxus baccata*) was thought to be highly toxic to the human body and only its berries were used in treating scrofula, nose bleeds and heart palpitations (Wright, A.R. 1912, quoted in Hatfield 2004).

<sup>129</sup> This was a term used commonly to describe swollen glands in some visible area of the body.

some healing water; however, its contents disappeared completely when a ‘tinker woman washed her baby in the well’ and hence was deemed not to have given it sufficient respect (Maclagan 3360 b).

In conclusion, it may be appropriate to summarise the contribution which the descriptions of beliefs in wells, rivers and healing from the Maclagan Manuscripts have made to the extensive writings which already exist on the same subject from many written and oral sources in Scotland (Bord and Bord 1986; Rattue 1995; Macphail 1896).

As with most material which relates to healing in this thesis, it is always necessary to place one’s deductive interpretation of the descriptions in the spatial and historical context of the remote communities from which the collectors obtained their material as oral traditions. Thus in attempting to place the Highland healing practices from the late nineteenth century, it is necessary to regress from the empirical Western science-based biomedical position and note that similar beliefs and practices continue to exist in many Third World countries.

Much of the oral culture of Gaelic Scotland, in legend, poetry and song is derived from the constant visual appreciation of the sky, the landscape, its mountains, its trees plants – and its wells. There would certainly have been an awareness of the importance of water for every aspect of daily living, the necessity of ready access to wells and the recognition that travel back and fore to wells provided opportunities for daily social intercourse, the cementing of friendships and the exchange of news. (Women would have been the main exponents and beneficiaries, since it was customary for them fetch household water.) As has been noted, there continued to be



strong beliefs in the manner of obtaining healing, whether by verbalisation of charms, herbal preparation or the use of holy water and visiting wells – held by the older members of the family and respected healers, underpinned by the whole experience of disease and its manifestations. In our times, we are well aware that many physical conditions are self-limiting and hence their resolution would have been attributed to the ‘healing intervention’ – in this instance, a visit to a well, bathing or drinking holy water. The placebo effect of a recommended treatment by a person of authority, such as a local healer, remains a subject of much current medical interest (Beneditti 2009)

Le Borgne (2002) provides many references to the perceived efficacy of wells held by large numbers of people seeking succour from their diseases, especially when the wells had maintained their reputation and were visited by large numbers of people, or those seen as belonging to the upper echelons of society. It is recorded that Queen Victoria visited a well by Loch Maree and dutifully placed a coin in the adjacent oak tree before tasting the water (Beith 1995:139). In the twentieth century, it was still quite common to find ‘clooties’ left hanging on a bush adjacent to the well as a mark of respect from the visitor<sup>130</sup> Le Borgne also emphasises the consideration given to wells as historical, topographical and ritualistic sites of interest in addition to their reputation as places with healing potential. Since the objective of this thesis is the description and interpretation of all aspects relating to health and disease, this chapter has focused on wells and water as the sources of healing; however, there are also several wider aspects from the Maclagan Manuscripts’ material referring to wells

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<sup>130</sup> ‘Clootie’ was/is the Scots name for a piece of cloth.

which could be researched, such as the onomastic content, the legendary tales or a detailed description of their links with Scottish saints.

### **Stones and amulets as healing agents**

The main objective of this section of the present chapter is to draw attention to the written descriptions which relate to the use of stones and amulets believed to be beneficial in the treatment of various diseases within all the descriptions of traditional healing found in the Maclagan Manuscripts. Where it is appropriate to do so, the accounts of cures relating to healing stones, are related to the other healing practices from the Maclagan Manuscripts, such as the incantation of specific charms, either simultaneously or after the healing stone or amulet was produced and used for healing. These descriptions are also set in the context of other oral and written sources relating to same subject (Beith 1995; Buchan 1994; Souter 1995 ).

Belief and reliance on the curing properties of particular material objects, such as stones and amulets, was a widespread phenomenon in medieval Europe, as described in *Lilium Medicinae*<sup>131</sup> from the fourteenth century (Mackinnon 1912), and was also a familiar part of earlier healing belief systems which had originated and been expressed in different ways from ancient Egypt and the Middle East sources, such as *The Aphorisms of Johannes Damascenus* (777–857) and from the writings of Avicenna (980–1037), a famous Persian physician. Many descriptions of illnesses, diseases and the use of stones in healing can also be found in several manuscript and

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<sup>131</sup> The first English text was written by Bernard of Gordon and the Gaelic translation was used and held in high esteem by the Scottish medical hierarchy of the Beaton's (see Chapter 1 for fuller description).

printed sources from many other areas of Ireland and Great Britain (; Fleetwood 1951).

There are some references to the desirability of both healer and patient having a measure of belief and confidence in the material object, if an expectation of successful healing was to be fulfilled. Most examples from the Maclagan collection are quoted verbatim in the main section of this chapter, in support of the contention that in the context of a detailed study of orally transmitted traditions, it is necessary to provide the first-hand accounts exactly as given by the informants or storytellers to the collectors (Macdonald 1978). It is rare for each account of healing to be identical with another item from the manuscripts; however, this is thought to reflect a genuine profile of the variety of illnesses treated, their stage of progression or resolution and how they were seen and experienced by the healer or observer – as well as reflecting the translating skills of the collector. When close attention is paid to each separate description, the process should stabilise and inform (Dorson 1973).

However, it is appropriate to focus particularly on the various applications of stones and amulets as healing agents from the Maclagan Manuscripts since these have been neither examined nor reported previously. Thus, it is hoped to highlight any subjects and descriptions which may have been peculiar to the Highlands and Islands of Scotland in the late nineteenth century.

There are also many items of stones and amulets which have been collected over the centuries and are now kept and catalogued in different national museums and local folklore archives throughout Britain and Ireland and reference will be made to these

important material collections when necessary. Amulets<sup>132</sup>, which often consisted of coloured stone or metal, have long been regarded as distinctive objects, which, if sufficiently esteemed by their owner, were thought to bring luck or protection from sickness, forces of evil and the uncertainties of life (Gonzalez-Wippler 2001). They consisted of a variety of materials, some derived from natural substances, for example stones, precious metals or concretions, such as bezoars<sup>133</sup>. Woven coloured threads tied to a limb for the curing of a variety of physical ailments were frequently used, often along with verbal charms. Stones used for healing sometimes had particular distinctive physical characteristics in colour or shape which were memorable such that they were given status in the communities though sometimes they conformed to a plainer appearance and were of a variable size and could easily be carried by the owner when they were asked to visit a sick person. It was usually the person who had them in his/her possession, who was regarded as having the dominant, or equal status, in the offer and process of healing.

Cheape (2009 and 2011) provides a comprehensive review of the important multifaceted collection of Scottish material culture, commencing with those named in the National Museum of Scotland and he notes their central relevance to the interpretation of other national collections: ‘the wide variety of material, both handmade and naturally occurring organic and inorganic, and spanning a range of perception from natural to supernatural.’ (Cheape 2009: 70).

Emphasis is also laid on the desirability and challenges of imposing a suitable taxonomy to the items, as it relates to their physical nature and their different

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<sup>132</sup> Amulets: a material object which is carried in the belief that it may avert misfortune or illness.

<sup>133</sup> Bezoar: a concretion of intestinal contents, usually derived from goats or cattle.

applications in many areas of Scotland throughout the centuries. As has been noted above, the use of stones to which were attributed healing powers, was frequently linked to the simultaneous incantation of verbal charms, as mentioned by Cheape (1993). Several other writers are also noted as giving primary descriptions of the different healing uses of stones and amulets with relevant insights into the subject (Carmichael 1900-1971; Black 2005; Martin 1934; Roper 2004).

There are many references to stones in the manuscripts collected from several areas of Argyll and numerous other places in the Highlands and Islands. Archeological descriptions of the better-known standing stones in the landscape, such as Stonehenge or the Callanish Stones, Lewis, Outer Hebrides, can be found from several sources and these continue to be of interest to researchers and visitors (Porter 1998; Basu 1997). The Maclagan Manuscripts, however, viewed in their entirety, provide a locally derived historical, social and cultural detailed overview of the belief perspectives of the inhabitants; hence the references to many of the most prominent natural geological structures deserve due recognition for their visual representation of many aspects of their indigenous culture. It is evident that this section can also be related to Malinowski's observation that: 'one of the first conditions of acceptable ethnographic work certainly is that it should deal with the totality of all social, cultural and psychological aspects of the community, for they are so interwoven that not one can be understood without taking into consideration all the others' (Malinowski 1960: 16).

Scarre (2002) integrates different perspectives from detailed archeological research into the monuments and landscape of ancient Europe with what is known of the customs and beliefs of the inhabitants of Western Europe from Neolithic times.

Schama (1995) in *Landscape and Memory* approaches the subject from a European and American basis while using the surviving textual and diary reports of many distinguished individuals from different countries and times such as Plutarch, Sir Walter Scott and Jefferson. There were others who were less well-known in textual history who also felt that their lives and future destinations were shaped by daily sight of their favourite landscapes, inclusive of geological terrains and man-made stone monuments. Tilley (1994; 26) also gives further credence to the concept that ‘people routinely draw on their stocks of knowledge of the landscapes and locales in which they act to give meaning, assurance and significance to their lives’

Tombstones and built cairns would not ordinarily have been designated as healing objects, but instead were often associated with local historical events which took place in, or near the sites of the stones when either an encounter took place between a local hero and an invading clan or were recounted as the location of a local legend or mythical tale. Some stones also gave their name to a particular geographical site and would thus have acted as important markers for the itinerant wayfarer and would have served to direct his route to a particular community or village. While it is not the aim of this chapter to dwell on the nomenclature of places, the names given to different stone structures constitute an important part of the manuscripts and the explanations given of their derivation could form a valuable database for future research in Gaelic onomastic studies – especially since many of the names refer to

places which are no longer inhabited. The permanence of the stone structures, in whatever form they were seen to exist, would have been an important dimension of the visual imagery of the Highlands and Islands for many centuries, and could also be related to the continuity of the transmission of oral culture. For example, in the Ross of Mull, there is a stone named after St Columba, *Taigh Suidhe* (E.sitting stone) on which he was said to have taken his ease after completion of his sea journey from Iona to Mull (MacLagan 5214a.1).

Because of the honour and status that was accorded to St Columba during his life and afterwards to his memory, there are many accounts of his meetings with contemporaries throughout Scotland. In a confrontation with the Pictish King Brude, St Columba used a white pebble from the River Ness to induce the release of a slave girl from captivity, and such was the effect of this unexpected miraculous event on King Brude that he took the stone into his possession and treasured it thereafter (Sharpe 1995)

Another hollow stone sited in Ness, Isle of Lewis was named after a place which the fairies were thought to inhabit, *Clach nan Gruagach*, ‘Stone of the fairies’. It was customary to pour some milk into the hollowed stone regularly to mollify the fairies’ intention so that the owners’ cows continued to provide them with plenty of milk for their families (MacLagan5261a.1).

Many cairns can still be identified from different areas of Scotland which mark the route of mourners as they made their way to the graveyards carrying the coffin of a recently deceased person and it was customary to add a stone to each cairn en route,

in memory of the deceased.<sup>134</sup> A different meaning was given to this custom by a storyteller from Kintyre. He referred to the old tradition, common in his area and in several other areas, of raising cairns on the ground near where a sudden tragic death had occurred – the belief in the origin of the custom was ‘self-protection’ – the cairn ‘keeping down’, ‘transferring’ or ‘localising’ any future mischief that might befall other people at the same site (Maclagan 6963a.1).

This may be interpreted as the ‘transference’ of uncertainty or the fear of the unknown to a physical visible substance, either stone or cairn, and hence in this sense being ‘shifted’ from any person at risk. It is similar to the belief, previously noted, which is also found in the manuscripts that certain diseases, such as the superficial swellings, (*G. mamain*) found in some parts of the body in tuberculosis, could be ‘transferred’ to similarly proportioned hills in the vicinity, affirming ancient beliefs that the human body in figurative symbolic imagery was to be regarded as an integral, if transitory, part of the permanent landscape environment.

Large stones in prominent sites in the landscape are often associated with named individuals or with certain beliefs firmly embedded in local folklore.

*Clach Iain Mhic Cormic Ruadh* is a large stone near the farm of Langash in North Uist, Outer Hebrides. It is said that a man of the name which the stone bears finding it on his way home took it and pitched it aside to where it now lies. No other person has been able to move it from the ground.

(Maclagan 2327)

Adjacent to North Uist in the island of Berneray, there existed a standing stone which provided personal safety from attack for anyone whose life was in danger. The stone

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<sup>134</sup> This gave rise to the popular saying *clach air a charn*, ‘a stone on his cairn’, which gave a measure of remembrance to the deceased person..



was thus regarded as a place of refuge for anyone who might be in danger from his enemies (MacLagan 2326.1).

An uninhabited tidal rock, Heisgeir to the west of Berneray, North Uist was also thought to give protection to endangered fishermen. On one occasion, it is told that a boat was in danger from being swamped by high seas and all the crew were striving to prevent this disaster – apart from one crew member who lay down in the hull and did nothing. When asked by one of his companions why he was idle, he replied that ‘it is well known that no one will be drowned in the vicinity of Heisgeir’ (MacLagan 2326.2). And thus it happened that they were able to make their way home to safety. Within the writer’s memory, it was often said by experienced fishermen that all the accidental drownings of fishermen from the island for over a century had occurred east of the island but that no one had ever been drowned to the west of Berneray, near Heisgeir rock.

Stones were sometimes associated with good intentions as predictors of a good future for some people, such as when it was thought that possession of a particular stone would lead to a successful marriage. On other occasions, the construction of a clay or stone figure resembling an individual could be used to bring misfortune to a particular person, as in the following example from Torridon in Ross-shire. A river known as *Allt a' Chuirp* (E.Burn of the Dead Body) was said to be a popular place for the insertion of a clay figure if they wished to bring injury or death to an individual. The reciter said that many still believed in this witchcraft and said that a *corp creadha* (E.clay figure) found there long ago was supposed to have been put

there for the purpose of destroying an ancestor of the late Mr Gladstone<sup>135</sup>, who was greatly disliked by the people there. As with many such brief illustrative examples, no reason is given for the animosity shown towards Mr Gladstone's ancestor (Maclagan 8075a.2) although it may have been a contemporary instance of political enmity towards Gladstone's Liberal convictions.

However, the objective of this chapter is to focus on the beliefs in special stones and amulets as adjuncts to healing and relief from pain and discomfort. As well as the variants of traditional healing methods described in the thesis such as the use of charms, herbal medicines and physical interventions, the strength of belief and confidence in the efficacy of the healing stones in the minds of both the healer and the patient, may have been of considerable relevance to the likely outcome. The question which arises from these descriptions of healing methods, is whether a logical empirical explanation can be sought from the subject, derived from current scientific and psychological perspectives? In much contemporary literature, there has been a burgeoning interest in the subject of placebo treatment of a variety of human bodily complaints; a fuller discussion of the placebo effect of different kinds of treatment is reviewed earlier in Chapter 5.<sup>136</sup> The customary definition of placebo refers to the use of a substance in the treatment of illness which is not thought to have any intrinsic biological healing properties but which may be of subjective benefit to the patient.

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<sup>135</sup>W.E.Gladstone (1809-1898) served as Britain's Prime Minister on four separate occasions. He was born in Liverpool, both parents being Scottish.

<sup>136</sup> Placebo; this is often contrasted with nocebo, by which is meant a substance which can have a harmful effect on a person, if either dispenser or recipient ascribes this quality to the medication.

By the time the MacLagan Manuscripts were collected, in many areas of the Highlands and Islands of Scotland, university-trained doctors had come to practise and for their services they would have sought remuneration; it is possible that this practice may also have been adopted by some traditional healers.

The details of a healing charm accompanying the use of a stone, is described where the practitioner was a woman. She would lead the person who had toothache down to a burn which ran between two estates or prominent land areas. From the burn she would take a few small stones and ask the patient to hold them in her mouth, while she repeated the Lord's prayer before saying the following words;

*Iosa air Neamh, agus Iosa air thalamh*

*Thig a-nuas is leighis mo ghalair.*

Christ in Heaven and Christ on earth

Come down and heal my illness.

(MacLagan 2172a)

The use of stones and amulets are sometimes mentioned in the manuscripts as having healing properties when used in different ways; in one instance, the healing stone was dipped in water before being applied to the sick person's body, as was done with the stone which was kept in the Post Office at Ledaig in Kintyre,<sup>137</sup> The local people were aware that a healing stone was kept in this building which they could borrow when it was needed. After water was poured over the stone, this was then saved and poured on the patient to enable healing to take place (MacLagan 7612a.4).

Sometimes the healing stone was passed round the community, especially when there was the suspicion that an epidemic disease was spreading; in this case it was regarded as common property. In one instance, the storyteller said that eventually the

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<sup>137</sup> Post Offices were in use in many parts the Highlands from the mid-nineteenth century; since the building was often placed in a central area, it served as meeting place for the community; its additional function as a repository for a healing stone is not previously recorded.

local minister got hold of it and must have broken it, for the last occasion on which she had seen it was when she visited the manse and saw it in two halves on the mantelpiece of his room – it was approximately the size of a man's fist (Maclagan7053a.1).

In the early days of the spread of Christianity in Scotland, from the fifth century onwards, it has been commented that the pagan practices associated with healing had been gradually adopted by the church followers and had been reset in a Christian context, as may be gathered from the accounts of healing from St Columba and St Fillan. In the Archives of the School of Scottish Studies, there is a description of 'The Healing Stones of St Fillan' as told by the owner of the mill, George Wilson. At that time six to seven smooth healing stones from the River Dochart were kept in a niche of the mill wall, being placed on a bed of 'river wrack' (weed). It was the custom for the stone bedding to be replaced by fresh weed every Christmas Eve, as had been done for centuries. Though, by this time, the stones were not used for healing, it seems the custom had been to use individual stones for healing different parts of the body. The stones have since been moved to the Breadalbane Folklore Centre. It was also said that up to the time when the mill was finally closed, the third Tuesday in January was remembered as a local holiday, in memory of St Fillan (SA 1964: 015).

Members of the clergy in the Highlands would have been influenced by the many healing interventions described in the New Testament. Several ministers maintained their interest and support for the old Celtic beliefs and traditions – such as the Reverend J. G. Campbell (1834–1918) from Tiree and the Reverend Neil Campbell

(1850–1904) from Kilchrenan, Argyll, the latter being one of the main contributors to the MacLagan Manuscripts. The changes which followed the Disruption of the Church of Scotland in 1843 led to many different interpretations of belief and practice and many ministers sought to eliminate beliefs and practices which they regarded as superstitious in nature and inconsistent with developing late nineteenth-century perceptions of disease and healing. It is likely that the minister – unnamed in the above account where the stone had been broken – affirmed in a direct visual manner his disapproval and disregard of healing through the medium of stones.

Throughout the thesis, it is clear that most of the recorded oral material came from Argyll and the Inner Hebrides but a closer inspection of the areas from which it was sourced shows that there were also many detailed accounts which came from Ross-shire, Sutherlandshire and Inverness-shire – and there are also some valuable contributions from the Grampian area and the north-east of Scotland.

It is not recorded in many instances who did the collection of these accounts but several are seen to be in Miss Kerr's distinctive handwriting, thus suggesting that she may have visited several places in the north of Scotland. When she came to live in Edinburgh, in later life, she discovered many friends who also came from the Highlands and it is possible that it was during this period of her life that some of the latter material was collected. There is a tale which explains how *Clach nan Taillear* (G. stone of the tailors), got its name. It is a large boulder on the bridle path between Rothiemurchas and Braemar. The boulder got its name from three tailors who had resolved to dance a reel on New Year's Day on the three dells, the dell of Rothiemurchas, the dell of Abernethy and the dell of Braemar. This involved

covering great distances between each site, but the tailors were determined to succeed – which they did. However, on their way back home they were overtaken by a violent storm and sheltered at the boulder. Their bodies were found there after the storm had passed and hence the above-noted name, *Clach nan Tailleir* was given to the boulder (MacLagan6587a.1).

The above story is not indicative of a healing stone in the usual context, but it does show how a stone, prominent in the permanent landscape was remembered as the site of demise of three individuals due to extremely bad weather. This sad outcome is likely to have been imprinted on the minds of many subsequent generations and may have acted as a warning that the prediction and nature of the weather was a genuine matter of importance which could affect their health and survival and should be taken into consideration before travelling long distances.

Before tailors came to establish their trade in towns and villages for their customers' convenience, it was customary for them to travel from village to village and to stay with the family whose clothing they had been asked to make. During their stay, they would have been accepted as part of the family and, through sharing in their daily livelihood, at food and evening ceilidhs, they would have learned the local oral traditions, the tales and customs which they would subsequently retell when they moved to the next village. Hence, tailors were often regarded as 'tale bearers' as well as the better-known *seanachaidhean* (storytellers) resident in many villages, who were credited with being the main tradition bearers.

In terms of amulets, the use of a silver coin as healing agent has been recounted several times in *Carmina Gadelica*, its use being similar to many descriptions in the

Maclagan Manuscripts. A silver coin would be dipped in water before being applied to a sick individual with an accompanying charm incantation as a common practice. The water was then called ‘silver water’ (G. *uisge airgiod*). There are many recorded variants of this procedure depending on the experience of the healer in different geographical sites.

The writer’s personal experience of being the recipient of this healing approach is clearly remembered from 1950–1951, as shown by the following account and may be classified in current ethnological terms as falling within the field of autoethnography. Aged 10, I had been ill for approximately one to two days with severe abdominal pains and vomiting and was unable to tolerate food or water. The local doctor had been sent for but he was not at home, having been called to attend a sick individual in an island remote from his home. Hence, my father must have decided to apply ‘the use of silver water’ as an adjunct to healing. He came into the bedroom, carrying a bowl of water in which there was a silver coin and closed the curtains. He then made me lie flat on the bed with my arms by my side and told me not to move. He repeated a Gaelic incantation softly, the content of which I could not hear – except that it seemed to have an intrinsic rhythmic quality. He then dipped his finger in the water and ran it lightly around my whole body; afterwards he helped me to sit forward and asked me to take a sip of water from the bowl in which I could clearly see the silver shilling. I then resumed my position flat on the bed and he asked me not to move. I fell asleep immediately and when I woke up a short time later, I realised that my pain had gone completely and I felt ravenously hungry. I immediately went down the stairs to the kitchen and asked my mother for food; she was astonished that I should have recovered in such a short time.

Of course, we are aware that many acute gastrointestinal complaints in children are self-limiting and may resolve quickly, which may have been the empirical explanation applicable to the above description of healing. Nevertheless, it is of interest in the wider context of traditional healing that both healer and recipient in this episode believed that the approach described was appropriate in the circumstances. My father, as headmaster in a village school, was fully aware of the increasing validity of contemporary medicine, but he accepted that there was another genre of healing embedded in his own Hebridean cultural background, which he was prepared to use in alternative circumstances.

Some of the healing stones were thought to have been formed by snakes as they were described as having been responsible for the central perforation that was found in certain healing stones. There is a rich ‘snakelore’ in many different countries, presumably because of the appearance and motion of snakes and the danger which snakes and serpents supposedly posed to human beings – if bitten by those who possessed dangerous venom; in many different cultures charms were often used to prevent snakes from harming humans (Ross 1967). The dangerous species may not always have been recognised and within the broad spectrum of beliefs, it was also believed that some were not dangerous and healing was attributed to the particular qualities possessed by its skin, as is evident from some of the descriptions from the Maclagan Manuscripts (Maclagan 1622a.1). The Gaelic name for the serpent stone was *Clach Nathrach* and, from one account, the healing property lay entirely in the nature of the stone and it could be used by anyone who owned it (Maclagan 8663a.2). Alexander Carmichael obtained an account of the formation of the ‘stone’ as being derived from the saliva ‘spume’ which serpents were able to eject



(Carmichael 2: 334–335). The subject of the nature of the beliefs in snakes as the purveyors of healing through charms and stones is reviewed by Ilomaki (2009) with an emphasis on the different international sources of such magical belief.

There are also examples from manuscripts of the beliefs that sometimes a snake could enter the human body through the mouth while s/he was asleep or that, in minuscule form, it could be drunk from contaminated well water. The recommended healing remedy to entice it to leave the human body was to place a bowl of water by the mouth of the person and, after feeding the patient a rich salty diet, the serpent would be tempted to emerge to satisfy its thirst (Ilomaki 2009). In ancient texts the serpent was also thought to have the wisdom which could contribute to healing. Its image was placed in close proximity to the staff borne by Asclepius, venerated by the Greeks since the fifth century BC as the god of healing and who was a central figure in the priestly, religious approach to Grecian healing – by contrast with the more rational pronouncements and writings on the subject from Hippocrates *c.*460–370 BC.

There follows a description of the way in which a serpent stone was formed with a central perforation.

It was said to be formed by a group of serpents which came together in a ‘lump’; they were then believed to pierce a hole through a roundish stone and each snake was to wriggle through the hole. As they did so, each left some slimy residue from their skin on the edge of the hole and this was thought to be the substance which gave the stone its healing properties when used for a variety of diseases.

(Maclagan 3869a.2)

Another more detailed account is recorded from the Isle of Lewis, where again several serpents were seen in a mass squirming around a perforated stone; if the person who possessed the stone was asked to offer it for healing to a patient, he/she would be likely to place it in water before offering the water to the patient to drink, or in some cases, the water would be sprinkled over the sick person. Occasionally, the owner of the stone might not admit that such an item was in his/her possession and would keep it hidden, especially if they felt that the sick person had little belief in the efficacy of the stone for healing (MacLagan 5840.1).

From another description from Islay, a woman on her way home in the evening saw a mass of snakes surrounding a stone in which there was a hole, but she took fright and ran home; afterwards she regretted that she had not brought the stone home with her because of its healing potential (MacLagan 5842.1). A serpent's stone was on one occasion used to cure an injury in the foot of a minister's cow. However, the healer being aware that the minister would probably have disapproved of his attempt at healing with a stone, performed the healing in secret – with a successful outcome (MacLagan 1162.a). Not surprisingly, snakes were not always regarded as having healing propensity and indeed were thought to have harmful effects for humans. Prior to his death, St Columba is said to have pronounced: 'My children, this is the last time you will see my face here on the machair; all poisons of snakes shall have no power to harm either men or cattle' (Sharpe 1995: 177 )

In the same book there is a well-known reference to the use of stones for healing, thus demonstrating how some pagan beliefs and customs were assimilated by the early saints into their own beliefs and relationships with those to whom they came

into contact. An explanation of the phase of transition in beliefs and practices has been stated. As Beith observes, ‘It has been said that there was an intermingling of the influences which the pagan pre-Christian customs had with the beliefs of the early Celtic church’ (Beith 1995: 36).

The main aim of this section has been to highlight the beliefs and practices relating to the visual tactile presence of healing stones and amulets for personal healing in the Highlands and Islands of Scotland in the second half of the nineteenth century. It becomes evident that this subject was part of the numerous descriptions of how stones in general occupied much of the visual and cultural landscape for the inhabitants. Most of the informants who gave their personal accounts to the collectors had lived continuously in the villages where they were born; seeing the landmark stones, whether in graveyards, or in their own immediate open environment of hills and mountains, they associated them with place names, historical events, local legendary heroes and memorable individuals. It is not surprising that the permanence of stones in their various sites, profiled over many centuries, made them an integral part of the local oral culture and led to the ascription of healing to special stones in possession of their owner-healers.

It is clear from the many different descriptions of healing stones that they were relied upon for healing in conjunction with other methods of healing, such as the incantation of verbal charms and the application of coloured threads to limbs. No single method of healing was necessarily thought to be effective on its own, a perception which may be found in many different sources on the subject. This may be compared and linked to the option of various treatments which a modern doctor

may correctly choose, in recognition that a single remedy may be inadequate in dealing with the complexities of disease and its particular stage of presentation. The analogy may be carried further in that many doctors may advise the patient on the need to use different complementary medicines, just as the traditional healers also felt that it was justified to use different healing approaches. It was believed from the nineteenth to the twenty-first century, in different branches of conventional medicine, that the measure of trust which the patient had in his doctor might aid recovery from illness (Bronner 2006) and, in the same manner, it becomes evident from the descriptions of healing in the Maclagan Manuscripts that the acceptance and reliance of the patient on the healer's reputation was also important.

Another relationship which is noted is that many stones were associated with healing wells, being either in the water or found in their vicinity. In the event of a well being contaminated with dirt or inappropriate washing, it was felt that both the well and its healing stones could lose their efficacy. Some stones were distinctive in appearance because of their varied constituents, or because they were perforated and hence thought to be derived from their association with serpents (Maclagan 9079 a1).

Attention has already been drawn to the rich collection of over 300 healing stones and amulets in the National Museum of Scotland (Cheape 2009). Quite apart from their attractive visual features and the accompanying description of their sources, a knowledge of their various applications for healing, comparable to that found in the Maclagan Manuscripts, adds considerably to their significance and importance, in both a national and international setting.

There are other original sources of descriptions of stones and healing (Carmichael 1976; School of Scottish Studies Archives) which again give descriptions of the uses of healing stones and amulets, and all of these, through a process of comparative contextual appraisal, can then be used to expand the knowledge and understanding of the contemporary beliefs and practices of our ancestors as they related to disease and healing during the late nineteenth century in Scotland. It is likely that many of these healing beliefs and practices from the manuscripts may exist solely because of Dr Maclagan's interest in disease and healing as a professional doctor whose interests had later expanded into the field of folklore medicine.

## Chapter 6

### Herbal and non-herbal remedies.

#### Introduction

The first section of this chapter is a contextual descriptive resume of herbal and plant derivatives and preparations used for healing illnesses within the practice of traditional medicine in the Highlands and Islands of Scotland. The information is based on several publications which have focused on their uses as traditional healing agents in different cultural settings, beginning with brief references to herbal and plant remedies from early historical sources. This is followed by descriptions of those used in Scotland (Buchan 1994; Comrie 1932; Dobson 2009), followed by those sourced principally from the Highlands and Islands (Black 1883; Stewart 1883; Beith 1995; Darwin 2008; Dickson and Dickson 2000; Clyne 1989). All the quoted sources are selected relevant references from an extensive bibliography on herbal and natural substances used for healing in humans and animals (Lightfoot 1777; Fergusson 1877-78; Robertson 1905; Macfarlane 1924–1925; Vickery 1984).

Many descriptions of the use of herbal remedies can be traced back to prehistoric times and can subsequently be sourced from Neanderthal fossil records found in Iraq (Solecki 1975). The body of a man buried some 60,000 years ago was found with his head resting on his hands as if asleep lying on a bed of horsetails ( *Equisetum* species); other flowers found in his grave included groundsel (*Senecio vulgaris*), yarrow (*Achillea millefolium*) and similar botanical species which were believed to have healing powers for many centuries. Later many hand-written descriptions of healing plants could be found in Egyptian and Greek documents, and these were

quoted in manuscripts from monasteries and medieval European universities.<sup>138</sup> Following the discovery of the Gutenberg printing press in 1440, many descriptions of the use of herbal medicines appeared in manuscripts which were adopted for teaching in thirteenth-century European universities, such as Montpellier, Salerno and Padua. It is of particular relevance to the subject of this thesis, that much information on diseases and healing was included in the Beaton<sup>139</sup> manuscripts, initially written in Latin, but subsequently translated into Irish and Scottish Gaelic.<sup>140</sup> During the fourteenth to the eighteenth centuries, members of the Beaton medical dynasty travelled from Scotland to these European centres of learning in order to advance their knowledge of medicine (Bannerman 1998).

In *Medicinal Plants in Folk Tradition – an Ethnobotany of Britain and Ireland*, the authors make several important points in their descriptions of the obstacles which they overcame in order to complete their research and writing on the subject of herbal medicines, noting that completion of the project occupied much of their time for a sixteen-year period (Allen and Hatfield 2004: 12). They observe that in many of the early texts on the history of Western Medicine, much greater prominence is given to herbal medicines from the Mediterranean basin of Europe and its vicinity, rather than those which grew in the colder northern parts of Europe. This emphasis may have been related to the interest and scribal literacy of the writers from areas of Europe under Roman occupation, whereas the use of local plant remedies in Great Britain and Europe occupied a different field of practice within the populations

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<sup>138</sup> See *Leech Book of Bald* (900–950).

<sup>121</sup> It has been stated (Black 1989:164 ) that medicine as a subject, accounted for 33 out of a total of 138 Gaelic manuscripts held in Scotland

served by local traditional healers. Their particular knowledge of herbal healing is likely to have been known, applied and then been passed down the generations, as described by Lightfoot (1777), in a manner similar to that found in the late nineteenth century in the Maclagan Manuscripts.

A valuable source listing Scottish plants growing in the early nineteenth century can be found in *A Hebridean Naturalist's Journal 1817–1818*. The author, William MacGillivray (1796–1852), was a distinguished botanist and member of staff at Aberdeen University. During the long journeys back to his home in Harris, Outer Hebrides, he noted down all the plants which he identified between the Glens of Foundland, Aberdeenshire and the south side of Loch Ness. Although most of the plants in the Maclagan Manuscripts were sourced from places in the West of Scotland and the Hebrides, MacGillivray's collection does substantiate the Scottish background in understanding the sources and uses of herbal preparations found in the Maclagan Manuscripts.

Alexander Carmichael (1832–1912), in his detailed collection of Hebridean and Highland folklore, *Carmina Gadelica* (1900–1971), contributes many examples of the beliefs and practices relating to health and disease, including several plant-based remedies. Some of these are practical, such as applying toxic hemlock, (*Conium maculatum*) directly to a tumour, whilst others are rooted in folklore and prayer.

An important preliminary observation has been noted in relation to the subject of folklore traditional medicine which is also applicable to the subject of herbal medicines:



there is a danger that the subject is misrepresented by an emphasis on the bizarre and, indeed, by a misunderstanding on the part of the recorders, who are rarely themselves the users of folk medicine. The contrasting strands of practicality and credulity that characterize folk medicine are fascinating. Emphasis has been placed on actual recorded folk remedies, which allow the ‘folk’ to speak for themselves.

(Hatfield 2004: 19)

In this chapter – as in the whole thesis presentation – this principle is also followed with primacy being given to the manuscript accounts, so that the descriptions and information on the various herbal, plant and other remedies from the Maclagan Manuscripts are reproduced exactly as they appear in the manuscripts. The Gaelic and English names of each plant are given as well as the nomenclature derived from the Linnaean botanical classification, but based on the more modern classification (Stace 2010). A simpler current naming guide may be accessed from the Horticultural Taxonomy Group <http://www.hortax.org.uk/naming-new-plants.html> so as to permit comparison with other published sources. It has been noted by Allen and Hatfield (2004: 36), that in researching and describing traditional herbal medicines, it often is difficult to select a single classification system which is precisely inclusive and yet comparable to those used in other bibliographic sources. This is also the writer’s experience with reference to naming and classifying the Maclagan herbal material.

All the herbs mentioned in the manuscripts are listed in alphabetical order and have been placed in the Appendix with their Gaelic translations and their botanical nomenclature. Based on the current botanical knowledge of these plants, the botanical constituents now known to be an integral part of the plants are named, and any known reference to their effects on the human biochemical and physiological

systems are described. From the total number of herbs and herbal preparations in the manuscripts, several have been chosen for more detailed description in the main section of this chapter. The basis of the selection of certain herbal preparations for discussion in this chapter, and the exclusion of others, is related to both the amount of detail given for a particular herbal or plant and whether its application as a postulated remedy for a particular disease could be regarded as likely to influence the progression of the disease. The manner in which all the different named diseases found in the manuscripts were understood, described, and treated, is described in the previous Chapter 4: Diseases and healing. Sometimes the efficacy of the herbal remedies in healing particular diseases is mentioned, but often it does not feature, since the obligation of seeing the patient afterwards to assess the result of treatment was not a normal feature in the practice of folklore medicine.

At the end of this chapter, other non-herbal items regarded as having healing potential are included, such as the application of spider cobwebs to limit bleeding (MacLagan 0799a3) or to serve as a cure for warts by close application to the skin. It has been said that cobwebs were used in the twentieth century to stop bleeding from cuts of the skin, both to stop bleeding and to reduce the rate of infection (Hatfield 2004: 327–328). Butter with herbal additives (roots of field daisy, root of ribwort and the leaves of bramble bush) was also used for direct application to the skin in surface injuries (MacLagan 0594b.4). This is in keeping with the beliefs and practices relating to illnesses; that the use of any healing preparation from whatever source, if hallowed in the collective memory of successive generations, was better than allowing the disease to remain untreated. The use of other healing interventions of different kinds are described in earlier chapters 4 and 5 and include verbal or

material charms, massage, joint manipulation, bloodletting, visits to holy wells, the use of ‘silver water’ and healing amulets. Belief and confidence in the skills and reputation of the local healer may also have given practical and symbolic encouragement to the patient and possibly amplified any placebo effect of the intervention.<sup>141</sup>

One of the earliest ventures in Scotland in which there was an attempt to collect information about all aspects of Hebridean life, came from the visit which Martin Martin (d.1719) made to Skye, the Outer Hebrides and St Kilda in 1695 at the instigation of Sir Robert Sibbald, President of the Royal College of Physicians, Edinburgh. The range of all the descriptions of illnesses and cures is so widely based and inclusive, that, in the introductory preface to *A Description of the Western Isles of Scotland* there is a comment that: ‘His [Martin’s] full notes on island folk medicine could well be made the basis of an excellent medical thesis’ Martin and Macleod 1934: 34).

He includes several references to several plants and herbs which were used and valued by the communities: ‘the ordinary remedies used by the natives, are taken from plants, roots, stones, animals etc.’ (Martin and Macleod 1934: 223–233). He mentions the use of chickweed (*Stellaria media*) to procure sleep after a fever; the tops of nettles (*Urtica urens*) applied in raw eggs to the forehead, also to procure sleep; foxglove (*Digitalis purpurea*) for pains which follow fever; as well as wild sage (*Salvia officinalis*) and plantain (*Plantago major*). He also notes that several

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<sup>141</sup> A placebo is an inert substance given to a patient but which may have a healing effect due to his/her confidence in the substance and the prescriber. (The subject is discussed more fully in Chapter 5).

common seaweeds, such as dulse (*duileasg. Palmaria palmata*) and green algae (*lianaraich*; L. *Ulva* genus), were popular remedies for colics and ‘twisting’ of the guts.

In the late eighteenth century, another person who visited the Highlands and provided much valuable information on the uses of traditional plants for food and healing, was John Lightfoot (1735–1788) who produced *Flora Scotica*, ‘the first detailed account of the Scottish flora ordered according to the Linnean system’ (Milliken and Bridgewater 2004). He was aware that there were many herbal preparations commonly used by the people whom he met, being introduced to them by his Highland travelling companion, Dr. John Stuart, minister at Luss and translator of the New and Old Testament into Gaelic, completed in 1767.

By the end of the nineteenth century there was perceived to be a loss of the Gaelic names of plants and trees, this being linked this to a decrease in the use of herbs and plant derivatives for healing purposes; but nonetheless a range of plants similar to those in the MacLagan Manuscripts are named (Ferguson 1877-78). As evidence of the familiarity of previous generations with their names, Ferguson quotes Duncan MacIntyre (1724–1812), ‘*Donnchadh Bàn*, the outstanding Gaelic poet of his generation) for his generous use of Gaelic plant terminology in his poetry’ (Fergusson 1877-78).<sup>142</sup>

Although the writer of *The Physicians of the Western Isles* is not named (he was a doctor), he includes a synoptic history of the Beaton medical dynasty and notes that

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<sup>142</sup> See *Coire Cheathaich*. Verse: *Am bearnan bride, 's a 'pheighinn rioghail, / 'S a canach min-gheal, 's a mislean ann*; The dandelion and the penny-royal, / The bog myrtle and the sweet meadow grass.

herbal remedies were popular with many patients before they sought the help of any doctor (Anon 1906; 264-272).

The main sources of herbal cures in the Maclagan Manuscripts are found in the manuscripts from (0790–0802) and (0081–0082) and samples of the descriptions given are outlined below. The sources of all the plant details are not given but since they are mostly found in Miss Kerr's recognisable script, it can be assumed that most of the material came from Argyll, particularly Islay, Mull and the Inner Hebrides, where she did most of her collecting. The names of her informants are not always given, with the exception of W. Robertson from Kintyre and Anne Macleod from Berneray, Harris. The undernoted herbal and plant substances were selected from all the named herbs and plants since their descriptions are fairly comprehensive, often with their method of preparation and the conditions for which they were prescribed.

## Herbal remedies

### **Agrimony**    *G. A' gheurag bhileach*    *L. Agrimonia eupatoria*

The account of the preparation and uses of this plant are noted as given below.

This plant not only grows in its wild state but has long been cultivated in Highland gardens. It is asserted that it is useful as a cure in many kinds of diseases.

Method A For all sorts of internal trouble, it is simply infused in the manner of tea, and taken three times a day. It is also used as tea for headaches.

Method B For chest and heart complaints, it is infused or boiled along with cardamine (biolar) and the liquid was drunk, sweetened with sugar or treacle.

Method C Take the leaves and flowers of agrimony and boil them in milk. Strain and drink when cold. This is said to give relief in attacks of asthma.

(Maclagan 0797)

From South Knapdale, Argyllshire there came a recommendation for its use as a cure for headaches, in liquid preparation, infused in a manner similar to making tea (MacLagan 0081). It was also popular for many diseases, such as ‘internal conditions’ (unspecified), chest and heart complaints, asthma and headaches (MacLagan 0797c).

Its use was noted by Pliny and Galen for the treatment of jaundice and for disorders of the liver (Allan and Hatfield 2004). The same authors comment that though it was used as tea or as a mild tonic and blood purifier in many parts of England, most of their collected material relating to its use came from the more westerly areas of England, suggesting that it was in the early Norse settlements that it first was used. In Ireland, it was used for liver complaints and bad colds, while the references derived from Scotland point to its astringent, tonic and diuretic qualities. Hatfield (2004: 19) comments that ‘it is in the nature of human study to categorise information, but there is much in folk medicine that does not lend itself to this treatment’ which may apply to the less-common uses of agrimony to treat insomnia quoting Souter (1995: 17). Insomnia is a condition has not been described in the MacLagan Manuscripts; it cannot be said whether this omission points to its rarity in communities at the time when the manuscripts were collected or whether the size of the collection limited the inclusion of certain diseases and complaints. In *Healing Threads* it is noted by the author that there were various Gaelic names for this plant, although the most commonly used was *a’gheurag bhileach*, the Gaelic meaning being ‘the sharp pointed or bitter-tasting leafed one’ (Beith 1995: 201).

With reference to the applications for which it was thought to be effective the ‘Doctrine of Signatures’,<sup>143</sup> developed in Europe in the sixteenth and seventeenth centuries, listed agrimony as one of 23 substances with medicinal uses. In the twentieth century, Germany’s Commission E, (an official body whose remit was to define the medico-legal status of herbal preparations) approved its use when prepared as tea for controlling diarrhoea and as a throat gargle to relieve a sore throat <http://www.hironsdrug.com/ns/DisplayMonograph.asp> [accessed 06.06.12].

**Bogbean** *G. Lus nan laogh no tribhileach* L. *Menyanthes trifoliata*;

This plant is still very commonly seen in many boggy areas and lochs of the Highlands and Islands and can be identified by its showy, bright-white flowers in early or mid-summer. Soon after tuberculosis appeared in the Highlands,<sup>144</sup> the root of this plant was used in its treatment and also for stomach aches.

This herb is much sought after and is gathered in wet mossy soils and drains during the months of August and September. It is washed and dried in the sun and stored up ready for use when needed. It is believed to be an effective blood purifier and is in great demand in cases of indigestion and flatulence.

Method A For indigestion. Take two good handfuls of dry stalks and leaves of the bogbean, put them into a pot with three pints of water. Boil until the water is reduced to a half strain. Add a glass of whisky and about half an ounce of ginger, ground. Bottle when cold. A cupful to be taken before meals.

Method B Boil the bogbean for three hours, strain. Add to the liquid sugar or treacle and a little ground ginger. Boil again for fifteen minutes. When cold add a glass of whisky.

Method C Any of the above with the addition of ‘*biolar*’ (water cress).

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<sup>143</sup> The ‘Doctrine of Signatures’ is a term used to describe the concept first expressed by Paracelsus (1491–1541), that the configuration of a plant was a guide to its use in treating particular diseases

<sup>144</sup> Accounts of tuberculosis or *caitheamh* (lit. wasting) in the Highlands, can be found in early descriptions of disease in Scotland.

Method D As a blood purifier. Take a handful of or two of bogbean, put it into a pot with a quart of cold water. Boil until the water is nearly reduced to a half, strain and bottle when cold. Half a tea cupful every morning before food.

(MacLagan 0793)

The popularity of bogbean for healing is further highlighted by the numerous references to it found in the Archives of the School of Scottish Studies. For stomach complaints, it was said to be beneficial in Inverness-shire (SA 1955: 158; SA 1960: 87; SA 1977: 131), in Mull (SA 1963: 36) and Jura (SA 1972: 53). The narrators often are not able to give specific named complaints except to say that it was used for ‘intestinal complaints’ (SA 1968: 88) or constipation (SA 1977: 131).

Bogbean has also been named as a plant whose derivatives could be used for respiratory complaints (SA 1963: 36) and asthma (SA 1972: 002) in Mull, Argyll. It was also used to reduce craving in alcoholics (SA 1974: 113), for headaches (SA 1963: 52) and kidney problems (SA 1955: 120). Given the wide range of conditions for which it was said to be beneficial, it is not surprising that it was also used as a general tonic (SA 1969: 146) in Islay, Argyll. The preparation of the plant for its consumption varied; sometimes the dried roots were boiled and strained (SA 1968: 88) and sometimes ‘the whole plant, roots and all’ (SA 1963: 52) were similarly treated. It was also said to have a bitter taste and hence flavourings, such as sugar and whisky, were often added to make it more palatable.

The use of plants believed to be effective as blood purifiers, affirms the commonly held view that the ‘humours’<sup>145</sup> of the body, including blood, needed to be sustained and kept in good order. Two ‘health-promoting’ recipes are given in the next

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<sup>145</sup> The four humours of Hippocratic medicine were black bile, yellow bile, phlegm and blood. ADD ?? more about their nature



account; it was said to be customary for children and adults each to have three plates of oatmeal and welks in the spring of each year. This could be supplemented with nettle and oatmeal brose to which eggs were added, but consumed on separate days (SA 1972: 002). Bogbean was thought to be a useful medication for headaches and that it could also be used as a poultice for skin sores of scrofula.<sup>146</sup> Allen and Hatfield (2004: 201, 203). A more unusual application is also noted in that it was used as a tobacco substitute by chewing its roots or by smoking it in a pipe (Milliken and Bridgewater 2004: 113).

**Dandelion** *G. Bearnan Brighde* (the notched plant of Bridget) *L. Taraxacum officinale*

This common plant was applied in a variety of medical conditions; those which are mentioned include liver disease, consumption and dyspepsia. The preparations were made into infusions by boiling them in water and, after cooling had taken place, the infusions were bottled. On Jura, dandelions made into a soup were used for bladder troubles (SA 1971: 21) and the whole plant could also be used as a poultice for lacerations of the skin (SA 1984.95).

It was also regarded as a common plant which could be used as a diuretic or tonic and, when the plant was young, it was used as part of a sandwich (Darwin 2008: 82). The intense yellow colour of the flower meant that it was also used as a clothes dye. Comments were noted from different geographical areas in Britain and Ireland that a dandelion preparation was thought to be particularly good for promoting the flow of urine, a feature which many healers regarded as essential for a healthy body (Allen

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<sup>146</sup> Scrofula is the name given to superficial sores of the skin caused by tuberculosis.

and Hatfield 2004: 287). It was also used for the treatment of warts and ulcers in Argyll (MacLagan 0794 b).

**Nettle** *G. Deanntag* *L. Urtica urens*

Perhaps due to the ubiquitous nature of this plant, it is not surprising that it was also used to treat a variety of ailments. It is mentioned several times as a blood-purifying agent which, prepared as a soup, should be consumed in the spring, especially by the children of the family. This belief and practice may have arisen from the awareness that the range of available food items, such as oats and barley was more limited at this time of year. Nettles and danewort (*Sambucus ebulus*), were often combined to form a poultice in the treatment of sprains and sciatica and to stop bleeding from cuts of the skin. It was noted that herbal preparations were also needed to maintain the health of animals and thus whins (the evergreen *Ulex europaeus*) and nettles in oats, were sometimes given to horses in springtime. Additional popularity in the use of nettles also came from its use as a component of natural dyes for dyeing wool; nettles were also used with sage and dandelion in making herb beer (MacLagan 0761b.1).

There are several references in the Archives of the School of Scottish Studies to the use of nettles for healing. It appears to have been standard practice in many areas of Scotland to prepare soup each springtime from nettles and to give it to members of each household, especially to the children. It was believed to be both a tonic and a blood purifier. One of the fuller accounts of the use of nettles as a healing agent was collected from the Reverend Roderick Mackinnon, minister in Barra in 1974 who was reputed to have a knowledge of herbal healing. He had previously been in Lochcarron, Wester Ross where he had come to know a man who had ulcers on his

leg. The man had been seen twice at a hospital in Aberdeen and many times in Inverness for treatment of his leg ulcer, but without any apparent benefit. Mr MacKinnon then applied a piece of linen soaked in nettle broth to his leg and asked him to keep the linen moist at all times. This was done on a Thursday and on the following Monday the minister came back to see him. On removing the dressing, what he saw was ‘nice new baby skin’; the patient never looked back and his leg healed. He then used the same approach with benefit for other people. He found that nettle broth supplemented with carrageen (*Chondrus crispus*), a red seaweed found in many coastal areas of Europe, was helpful for people with stomach ulcers if taken by the spoonful or in a milk drink. He considered nettles one of the most valuable herbs known and he had given the appellation of ‘Hebridean Lotion’ to the nettle and carrageen liquid preparation.

There was also the mythic belief that if children were not maturing and growing as expected, it might be due to the internal presence of a toad or frog which consumed the food and prevented growth; it was said by John Beaton from Mull that he recommended nettle soup for his children three times each March and said ‘there is nothing harmful of any kind in their insides what nettle soup cannot kill’ (SA 1953: 49).

The informant previously mentioned, the Reverend Roderick Mackinnon, did not confine his belief in the value of healing agents to nettles – he also commended a *Sonae* (Eng. happiness) lotion, made from carrageen and buttercups (*Ranunculus* spp.) for rheumatics, to strengthen chest muscles, and for shingles. He said ‘trefoil’ (*Trifolium* or *Oxalis* spp.) could be beneficial as a stomach tonic and to

reduce alcoholic cravings, while garlic (*Allium* spp.) was given for kidney diseases, rheumatics and for asthma; another method of treating this condition was to rub the patient's chest with seal oil (SA 1974: 113). The above descriptions of traditional healing are given in precise detail by the Reverend Mackinnon and it is clear that he had a good knowledge of the subject and was aware of the different diseases for which different herbal preparations could be given. In 1974 there would have been a general practitioner in the island of Barra, but nevertheless some patients were happy to seek the advice of the herbalist-minister.

**Sage**    *G. Sàisd*    *L. Teucrium scorodonia*:

This herb was much thought of among Highlanders in olden times and was evidently believed to possess extensive healing properties. There was an old couplet in which its virtues were praised:

*Carson a gheibheadh duine bàs*

*Aig am bheil sàisde fàs na gharradh?*

Why should a man die,

Who has sage growing in his garden?

(Maclagan 0801a.3)

It was infused in a manner similar to making tea, and once sweetened, was drunk by anyone who had a sore throat. It was also a constituent of herb beer along with nettles, sage and yeast.

**Water cress**    *G. Biolair-uisge*    *L. Nasturtium officinale*;

Other related varieties are Mary's watercress, *Biolair moire* and Green watercress *Biolair uaine*

Its description in the manuscripts is both detailed and concise, as noted below.

It loves to grow in clear spring water and has bright green leaves with beautiful small blue flowers. It blooms in August

and September and has long held a favourite place among the ‘folk medicines of the Highlands’ in connection with colds, coughs and chest complaints. It is used in the following manner for making cough mixtures.

Ingredients. Biolair, barley sugar, ginger and treacle. Gather the plant in August or September. Wash it well and dry it thoroughly and store in dry place. When required, take as much as is sufficient for the occasion of the dry plant, stems and leaves and cover them in a pot with cold water. Boil for two to three hours. Strain off the liquid and return to the clean pot. Add the other ingredients and boil for 15 minutes. Bottle when cold.

Some add a glass of whisky before bottling, but this is not necessary. A wine glassful of the mixture may be taken twice a day. Two further preparations are described where water cress is the main ingredient along with bogbean and agrimony; Both methods used are similar to the example given above which were used as simple preparations when children are attacked with ‘hives’ the juice is pressed out of the fresh plant and is administered in doses of about a teaspoonful.

(MacLagan 0794 b)

Water cress was also eaten as a cure for scurvy in Mull (SA 1963: 32) and it was also said to be helpful when the patient was suffering from nausea (SA 1988: 24).

**Yarrow** *G. Athair-thalmainn no lus na fala* L. *Achillea millefolium*;

There are several Gaelic names for this plant, possibly reflecting its widespread habitat in different areas of the Highlands and Islands and the range of its lexical use. In view of its recorded use as a plant with haemostatic properties, it is of interest that it was also named *lus casgadh na fala* or ‘the plant which staunches the flow of blood’ (Clarke and Macdonald 1999). In the MacLagan Manuscripts, it is recorded as being used for dyspepsia, general depression or as a general tonic. When suitably prepared, it is also mentioned as being an effective general disinfectant (MacLagan 0795d).

Its name is derived from the Homeric legend that Achilles used yarrow ‘to staunch the flow of blood from battle wounds and the genus *Achillea* commemorates his name’ (Sumner 2000: 206). It is said to contain more than one hundred biologically active secondary compounds which might explain why it was one of many herbs collected by pharmaceutical companies in England during World War II for research into its potential healing properties.

Many of the herbs mentioned in the manuscripts can be traced in many current texts with reference to their constituents, pharmacological actions, potential toxicity and uses as herbal cures (Newall et al. 1996; Ernst 1997). Most herbal products are not licensed as medicines in most European countries, nor in America, and thus possible side-effects and adverse reactions to their constituents may not be known.

### **Non-herbal remedies**

When the collectors were interviewing the informants for details of diseases and healing, frequently the person who had been treated was well known to the storyteller and frequently the same medication is given to cattle for another complaint. Water from healing wells could also be given or water which was collected from a stream which ran between two prominent areas of land. It is told that a man was asked to attend to an old lady’s sick calf. He went to *usige a allt criche eadar da oighreachd* (Eng. water from a stream which ran between two estates), took some water and gave it to the calf, upon which it immediately stood up and appeared to be cured. It is said in this account that the old woman had great faith in this cure and said to her friend, ‘*O nach ann agad tha an t-uisge laidir.*’ (E. ‘such strength there must be in your water’!) (SA 1963: 036).

There are several unusual substances which have been described as being beneficial to patients when used in particular ways as described in the following sections. Many of the substances, thus named, are derived from natural substances which would have been readily available.

Butter made from cow's milk was used as the basis for a poultice or ointment for application to the body when the patient had suffered from a sprain or had been injured.

A native from the parish of Fortingall, Perthshire gives a detailed account of how butter was used in cases of protracted illnesses (their nature is not given). Several small contributions of milk were obtained from the cows belonging to several neighbours which were then churned to make butter and this was then used for the sick patient. The butter used in this manner had a different name in Gaelic from *im* and was called *im èiginn* – literally 'butter to be used in a time of crisis.' The informant adds his own comment that while superstitions might have underpinned its use, he felt that butter made from the milk of several animals might have been more successful than that obtained from a single cow (MacLagan 8425).

A variety of herbal preparations were sometimes added to the butter, such as ribwort (*G. slan-lus*; *L. Plantago lanceolata*) or the common daisy (*G. neonain*; *L. Bellis perennis*) and bramble (*G. dreasan*; *L. Rubus fruticosus*) – all substances believed to increase the healing qualities of the butter.

**Charcoal**, derived from burning wood and added to egg yolk, seems to have been used to treat heartburn<sup>147</sup> (G. *losgadh-bràghad*). Before the discovery of effective anti-acid drug preparations, several charcoal derivatives were regularly prescribed and are still used in complementary medicine, their efficacy being attributed to their alkaline nature.

**Cobwebs** (*lion an damhain-allaidh*) made by spiders are composed of proteinaceous silk spindles which have a higher tensile strength than an equivalent weight of steel. It also contains Vitamin K, which may explain why it was considered effective as a haemostatic when applied to a cut or abrasion of the skin. It was used quite widely in different areas of Britain until the latter part of the nineteenth century and even in the twentieth century. Many examples of their use have been documented Hatfield (2004: 327–328), and Beith (1995: 186) noted that cobwebs were often used in many parts of the Highlands; it was believed to reduce the chances of a skin infection developing in cuts of the hand and to aid healing. Spiders also were reputed to be effective amulets; ‘a spider enclosed in a well-sealed goose quill and hung around a child’s neck was reckoned a certain cure for the thrush’ (Beith 1995: 186).

**Eel’s skin** (*craicionn easgainn*)

A common cure for sprained wrist is to secure a black eel, skin it and having sewn a string on the tail end of the skin, it is then wound tightly round and round the wrist and the strings tied. It is left in this way, day and night, until the wrist is felt to be recovered.

(Maclagan 0795b)

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<sup>147</sup> Heartburn is a common medical complaint experienced when gastric acid refluxes from the stomach into the gullet.



The benefit from this treatment is likely to have been derived from the immobility of the wrist during what may have been a normal recovery period.

**Salt and seawater:** For many people living close to the sea, there would have been every opportunity to use it for different healing purposes and some of these are described below.

A glassful of seawater every morning and night is taken for the purpose of ‘keeping the system’. There are many old people in the Highlands whose only medicine in their lifetime, has been a cupful or so, of salt water occasionally.

(MacLagan 0801)

Salt was also used for the treatment of mumps, named in Gaelic as *an galar plocach*

– literally ‘the swollen cheek disease’. This was prepared as follows:

Put a handful or two of coarse salt on a griddle and roast it well, until it has become very hot. Pour it into a stocking and tie the stocking up the cheeks taking care to have the salt spread so as to lie under the chin and up the muscles of the neck.

(MacLagan 0801c)

In this case, it is likely that the application of heat from the prepared salt would have given some temporary relief to the patient, until such time as the condition had resolved of its own accord.

Finally, it was claimed that if a patient suffered from rheumatism (*G.spainteach* or *loinidh*), the use of hot seawater and fine seaweed applied to the painful area of the body every day, was believed to be effective.

Seaweeds of different kinds are mentioned in the manuscripts, such as dulse (*G. duileasg*) and carrageen (*caraigein*). The former was ‘carefully washed, trimmed and minced down and used as vegetable in broth ... and West Highlanders have great

faith in the blood-purifying properties of dulse’ (MacLagan 0261). Carrageen was thought to be the ‘mother of the dulse’ and after being dried and crushed, was eaten and thought to have the properties of cod liver oil; as told by Jessie Ann Macleod, Ardrishaig (MacLagan 0263).

As a final comment in this section, it may be noted that sick cattle were often treated (Docherty 2002; MacLennan 2012) with many of the same herbs as were used for humans.

This chapter has been devoted to a description of the different uses of herbs and their derivatives from the manuscripts; many of the descriptions of their different uses are similar, but rarely identical to those found in other writings (Macfarlane 1924–1925; Logan 1972; Darwin 1996; Dobson 2009; Beith 1995). This is not unexpected since many of the descriptions of herbal healing collected from the Hebrides in the late 18<sup>th</sup> century from named informants (Mackay 1980) cover a wide range of illnesses and diseases. The tradition of caring for the sick members of the families with whatever modality of available treatment would have been an integral way of life (Stewart 1885). Each area of Britain was noted to have a core group of plants which were used for common conditions while some plants are mentioned as being peculiar to a geographical area. (Allen and Hatfield 2004) The Gaelic nomenclature of plants would have been widely known as well as descriptions of their many different applications for healing in the Highlands and Islands (Garvie 1999; Macdonald 1961; Dwelly 1977). Also, it has been noted by Allen and Hatfield (2004) that whereas many of the herbal preparations in England and Wales had their early origins in the European continent, this was less true in the Highlands of Scotland where there was

greater dependency on the healing properties of locally derived plants. In most areas, there were individuals who had developed the skills and knowledge for their regular use, for example, in Dwelly's Gaelic dictionary, the herbalist was called the *lusragain* (male); *lusrag* (female) and in applying skills, s/he was known to be using *seoltachd an lusragain* – the art of the herbalist, all the terms being derived from the basic cognate *lus*, which is inclusive of the terms herb, plant, weed or flower in English. In the above dictionary, there are 168 plants and herbs mentioned where the prefix *lus* has been used. Frequently, the name of the plant is indicative of its use for healing different diseases, for example *lus a' chaitheamh* – the 'consumption' plant also known as sweet woodruff (*Asperula odorata*); *lus a' chadail* – poppy, for its sleep-inducing property (*Papaver somniferum*); *lus chosgadh na fola* – blood flow stauncher (Dwelly 1977: 614).

The accounts which Martin Martin gathered during his tour of the Hebrides continue to be one of the most valuable sources which exist on the illnesses which were then current and the cures which were applied. He writes about the 'illiterate empiric', Neil Beaton, a healer from Skye, who had learned most of his skills from his father:

who of late is so well known in the isles and continent (Scotland) for his great success in curing several distempers, though he never appeared in the quality of a physician until he arrived at the age of forty, and then also without the advantage of education. He pretends<sup>148</sup> to judge of the various qualities of plants and roots by their different tastes; he has likewise a nice observation of the colours of their flowers from which he learns their astringent and loosening qualities; he extracts the juices of plants and roots after a chemical way peculiar to himself, and with little or no charge. He considers his patients' constitution before any medicine is administered unto them; and he has formed such

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<sup>148</sup> The contemporary meaning was 'claims'.

a system for curing diseases as serves for a rule to him upon all occasions of this nature.

(Martin 1994: 238–239)

Later on, Martin again comments on Neil Beaton: ‘His discourse of the several constitutions, the quality of plants etc. was more solid than could be expected from one of his education’ (Martin 1994: 240),

There are several other references to the herbal substances which Martin noted as being used for healing in the course of his visit to the Hebrides and St Kilda. These include violets boiled in whey for fevers, chick weed and tops of nettles mixed with the white of eggs and applied to the forehead to induce sleep.

A question which will inevitably arise from current assessment of the subject of herbal healing, is whether it is possible to identify any herbal components in the MacLagan Manuscripts which could have had a healing effect on the human body. The need to ascertain whether the treatment given was beneficial to the patient and aided healing was not generally described in many of the brief descriptions, since the concept of revisiting the patient after treatment was not generally applied in many areas of traditional healing. However, there are examples from textual sources of herbs whose derivatives were found to be effective. The three oldest drugs in the British Pharmacopoeia, digoxin, morphine and aspirin are all derived from commonly known plants – foxgloves, poppies and the bark of willow. The first two are still harvested commercially from plants as this is the cheapest manner of producing the active ingredient. Aspirin (acetylsalicylic acid) is now synthesised artificially.

The current scientific studies of plant derivatives found to be effective in different diseases are derived from many different cultural areas where beliefs and reliance on traditional medicines still exist. The important discipline of ethno-pharmacology, and its contributions to the treatment of many diseases, is derived from the awareness of scientists in the drug industry, that many plant-based substances collected from different countries can be shown to be effective in the cure of many diseases. Many academic scientists and research teams from pharmaceutical companies continue to research the effects of herbal preparations on the physiology of the human body at a cellular level, measuring their consequent healing potential and seeking the evidential basis of any beneficial effects for particular diseases.

In a summary, relating to plants used in traditional medicine, Fabricant and Farnworth (2001), emphasises the role of information derived from various systems of traditional medicine, now sometimes called ethnomedicine, where the main objective is to identify plant constituents which can promote healing in different diseases. According to the World Health Organization (WHO) almost 65% of the world's population include plants, herbs and their derivatives in their primary modality of health care (Farnsworth et al 1985). One problematic area of controversy in the study of herbal remedies is that we have very rare descriptions of the frequency with which herbal preparations were administered, or whether they were administered at a particular phase in the progression of the disease. It can be inferred quite often that the preparation was given in a single dose and hence its efficacy may be questioned where the disease process is likely to have run a protracted course. The method of preparation of the herbal medicines is sometimes given, but it is not always related to whether the patient accepted or even tolerated the preparation.

The subject of the reward or remuneration which healers in the community expected or received in dispensing herbal preparations does not receive much attention in the manuscripts, although there are some references to the subject. Indeed it was sometimes inferred from some descriptions of traditional healing that if a monetary charge was made by the healer, his/her healing effort was likely to be compromised and unsuccessful.

### **Current research in herbal remedies**

Although the main focus of this chapter has been to conduct an appraisal of the herbals and plants named in the Maclagan Manuscripts, it may also be germane to consider briefly the subject from a worldwide current perspective in recognition of the continuing interest in sourcing bioactive chemical substances which are tested by pharmaceutical companies as potential therapeutic drugs. The following section focuses on this subject briefly as many multinational pharmaceutical companies continue to explore many countries for their wealth of plants. Research on this subject has indicated that when the research on the biochemical activity of certain herbs was derived from herbal preparations used by tribal communities for healing, the likelihood of finding effective therapeutic drugs was greater than if the selection of plants and herbs from the same country was made on a random basis (Fabricant and Farnsworth 2001).

The subject of the acquisition and use of herbs or their derivatives for healing purposes and their position in multinational monetary and legal frameworks continues to be of importance, especially in Third World countries. In *The Politics of Origins; Collective Creation Revisited* (Hafstein 2004) discusses the ‘political

dimensions of the concepts of creativity that are widely accepted (yet rarely articulated) among folklorists in the United States'. An intergovernmental committee meeting on 'Genetic Resources, Traditional Knowledge, and Folklore' was held at the Geneva headquarters of the WIPO (World Intellectual Property Organization) in December 2002 to address the question of whether it could be determined who had intellectual property (copyright, patents, monetary rights, etc.), of new developments traceable back to their origins from traditional sources in different countries. From an early stage, it was evident that a different perspective on the subject was held by delegates from Western countries, compared with those representing the developing world. The initial collective position held by the secretariat was that 'traditional knowledge was understood as being the result of creation by a collective originator: the community'. However, the chief delegate of the USA took the position that 'folklore is always individually created and then adopted by the community'. One example of the practical implications following from the dissemination and use of traditional knowledge was quoted. Field researchers from Eli Lilly Pharmaceuticals, a large multinational drug company, visited Madagascar and, in response to their questioning of members of the native community on herbal cures, they were told that a leafy plant with pink flowers had healing properties; hence this plant, the Madagascan periwinkle *Catharanthus roseus*, was collected from the fields and after it was grown and rigorously tested in the company's laboratory, it was found to have potent anti-cancer properties. Subsequently, it was grown in large volumes and its chemical constituents were made available on a commercial scale for the treatment of childhood leukaemia and Hodgkin's disease (a variety of cancer of the human lymph nodes). It was used successfully as treatment for these diseases on a

worldwide basis and was a source of approximately \$100 million profit for the parent company. Because the Madagascar primary source of knowledge was judged to come from ‘a traditional collective origin’ a request from the community that some of the profits be channelled to meet their own basic health needs was summarily rejected.

Herbal and plant preparations and their prepared derivatives are the basis of several accounts of approaches to healing in the Maclagan Manuscripts. All the known plants from the manuscripts have been listed in the Appendix and several of those for which we have more information on their applications have been discussed in more detail. Other bibliographic sources which corroborate the validity of their usage have been used to contextualise and explain the nature and beliefs of those who possessed knowledge of the herbs and their particular applications. The use of Gaelic in the naming of the herbs and plants remains a subject of separate linguistic and orthographic importance, a view which has already been supported by (Clyne 1989; Clarke and Macdonald 1999; Garvie 1999). The main source of information which was found to provide more comparable nomenclature of the herbs and plants was the Archival material from the School of Scottish Studies, although their collection took place some 60 to 70 years after the Maclagan collection was made. Supporting evidence that some herbal preparations were effective healing agents is related to their continued use over many centuries, long before the growth of current biomedical practice. ‘Many plants still unexplored, may produce natural substances which can cure disease. Present knowledge is only a small proportion of the natural resources’ (Summer 2000: 82).



## Chapter 7

### Health and disease related to life-cycle progression

In this chapter, prominence is given to the descriptions of health and disease from the Maclagan Manuscripts which can be related to the successive stages of life from birth to childhood, maturation and adulthood leading to the finality of death; and how these illnesses and treatments were experienced, understood and expressed by patients, their relations and healers during these phases, within the social and cultural context of life in late nineteenth century.<sup>149</sup> In Chapter 4, the selected explanatory approach was posited on the named diseases and their treatments, while in this chapter an attempt is made to look in greater detail at the broader social, cultural and family relationships which underpinned the experiences of illness in a personal context. It is judged that there are areas of interest and descriptive interpretation which are similar and converge in both chapters and it is thought that these do enhance the overall perspective on diseases, how they affected individuals and their response to illnesses.

Within the broadly situated boundaries of contemporary medical knowledge in the Western world, it has been recognised for many years that three main parameters of health and disease are derived from genetic inheritance, individual choices within a personal lifestyle, and the influence and the effects of the wider social and cultural environment in which the person has lived (McKeown 1988; Johanssen and Lazar 2005). The third component contributing to common features of health and disease –

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<sup>149</sup> In this context doctors are also included, even though their contribution to healing in the manuscripts is more limited.

an individual's social and cultural environment throughout life – is an area of diverse biomedical complexity which needs to be approached with consistently replicable evaluation criteria.

It is likely that these parameters, defining the signatures of health and disease, would also have been present at the time the oral traditional accounts in the manuscripts were collected, but the wider conceptual framework within which individuals looked for healing responses was in the early stages of development. 'Disease became conceptualized after 1900 as a social no less than a biological phenomenon, to be understood statistically, sociologically, psychologically – even politically' (Porter 1999: 634) Hence, any attempt to identify, describe and classify facets of daily life and social environment and how these affected health or disease for any individual or any family grouping by retrospective examination of the manuscript material is a demanding exercise (Fabrega 1971).

Nevertheless, it is within this area that both medical historiography and some aspects of ethnology can be used to lay the foundations for further research and meaning. It is common knowledge that particular diseases are more common in different age groupings from birth to mature adulthood, linked to the progressive stages of biological maturation and ageing, and that the structures and provision of health services in all countries are largely predicated on the various stages of the human life-cycle framework. It is inevitable that any writing on the subject of life-cycle events should include references to 'rites of passage' which mark the liminal phases of change from birth to childhood, adulthood and death. Many linguistic, musical and physical rituals were observed and followed in many tribal communities as

significant markers of entrance into a different stage of life and these would have been noted and remembered both by the participants and the onlookers (Van Gennep 1960). This concept was further developed by Turner (1995), who intimated that such concepts of marking life boundaries were to be found in literate as well as earlier tribal societies, even though their hierarchical relationships were of a different nature. Other descriptive terms from anthropological sources refer to the status of the individual – the position accorded to the person by the society in which he/she lives on account of perceived abilities – and their defining personal characteristics which were seen as being unique for a particular person. In many sections of the Maclagan material, we can see that local healers had achieved status in their villages such that their advice was sought for particular illnesses; possibly due to the collectors' desire to concentrate on the details of the illnesses and treatments, there are not many references to the personal identity of the healers.

Within the material descriptions of health and disease from the Maclagan Manuscripts, it is clear that in many instances there is an involuntary assignment of some subjects and narratives to different age groupings; it seems probable that the collectors and informants considered their contributions on disease to be related to particular stages in the life cycle as named subsequently in this chapter.<sup>150</sup> Some topics are definitely gender related, such as birth and the care of the child; some would have been age related, such as maturation, adulthood and subsequent frailty of old age. However, many people in all age groups would be prone to suffer from

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<sup>150</sup>Relatively few letters from Dr Maclagan to his collectors survive but it does appear from the letters written by his collectors that there were sometimes requests for specific material, especially items relating to games and pastimes and experiences of the 'evil eye', reflecting two of his specific interests.

many other disease entities, whether in a minor category, such as warts and skin infections, or in a more severe disease grouping, such as bone fractures and epilepsy. It is evident that in some instances the collector asked specifically about illnesses and cures and received lists of herbal medicines with indications for their use and probable efficacy in different conditions. In other descriptions, the material on health and disease is given as an adjunct to another subject, as an integral component of heroic legends or part of a description of prevalent superstitions known to the informant. It is also likely that the collector might not have been aware of the storyteller's special interest and knowledge of healing. There is, however, no certainty of knowing to what extent the contents of the manuscripts are representative of beliefs and practices in the areas where the collectors worked. There are spatial and geographical limitations to most of the collected material, relating to the skill and sensitivity of the collector and the availability, reputation and accuracy of the informants in relation to their subject. However, in many instances, the descriptions of the use of traditional healing methods was given by a family member, relative or close friend along with naming of the source of the story. In the preamble to many collectors' writings (cf. J. F. Campbell's *West Highland Tales* and Alexander Carmichael's *Carmina Gadelica*) there is often acknowledgement of the reliability of their sources. Sometimes the recipient of the cure is the informant, but less frequently is the traditional healer 'the teller of the tale', possibly because it was felt that to do so would devalue and render ineffective the use of such a 'cure' on a future occasion, if it were to be made available to the wider community – and more especially if the cure included the use of a verbal charm or incantation. It was recognised to be one of Alexander Carmichael's collecting skills to be able to

encourage healers to repeat their incantations as a set piece in his presence, even though healing was not the purpose of its repetition (Stiubhart 2008).

Although there are several approaches which could be chosen in an attempt to understand, analyse and position the many descriptions of beliefs and practices relating to health and diseases in the Maclagan Manuscripts, it is necessary to select a method which is suitably logical and comprehensive to satisfy the requirements of current analytical ethnological approaches, which is also contextual for the sources and the sequential ‘time frame’ of the different stages of life from birth to death.

The following listed headings in this chapter give an orderly sequence to the stages of life-cycle experiences of health and disease as these relate to the progression of life from birth to death.

**Birth: beliefs and practices**

**Baptism and naming of the child**

**Childhood: development and disease**

**Young Adulthood: growth and maturation; marriage and conception**

**Life in maturity: attitudes, work and gender roles**

**Old Age: longevity; death- beliefs and practices**

### **Birth: beliefs and practices**

There are 74 references to birth in the Maclagan Manuscripts, collected from a variety of different sources by many of the collectors. It was a topic about which many of the informants would have had personal experience, as well as from members of their own family or from conversation with their neighbours. All members of socially interdependent communities would be aware that without marriage, conception, birth and the growth of healthy children, their future was bleak, especially for the elderly relations. It may also be construed as yet another focused interface between health and illness, requiring its own particular interpretation. In a manner which has application to the whole of the manuscripts and also to other similar sources of oral traditional material, we can assume that the uncomplicated and straightforward maternal deliveries would be less likely to be remembered, simply because they had happened in a normal manner.<sup>151</sup>

Even before the young married couple were aware that a pregnancy was imminent, it is said that that they might have been given unsolicited advice from one or more of their parents, for example '*Dean am fàs an am a' bhlàths*': 'Plan for growth in the time of warmth' (Maclagan 0285). This was interpreted to mean that where possible, the conception and the growth of the unborn child should be planned for the 'warm' time, summer and autumn; in these seasons, the climate was expected to be more favourable and food more plentiful, conditions which would be more conducive to a

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<sup>151</sup> Before the use of calendars became universal, the time when a birth took place was related to some other happening in the village or to the timing of a national happening, such as the beginning of the Boer War, and the celebration of individual birthdays was not common in many areas of the Highlands.

satisfactory outcome for mother and child. It can also be noted that the interest which the young couple's parents had in a satisfactory safe birth might have included a degree of self-interest, given that a large healthy family was seen by many grandparents as a type of 'insurance policy' against poverty in their declining years, given the complete lack of any pension or supportive funding apart from what might come from their offspring. Several references may be found in proverbs and sayings in common use, such as the maternal sickness from which the expectant mother might suffer in early pregnancy, *An tinneas is fheàrr na an t- slàinte* (the sickness which is better than health). This might be understood as an interpretation of pregnancy sickness which gave support and reassurance to the expectant mother and affirmed her newly elevated status in the community.

From many of the accounts, we can sense that the birth of a child was not only an occasion for rejoicing, but it was also a time when both the child and the mother were exposed to the inherent dangers associated with birth, which in turn led to the many beliefs and customs which were practised to give protection to the mother and baby. Two practices were common among women about to give birth which were thought to keep evil away: the first was to keep a Bible under the pillow during the phase of delivery and the other was to walk around the fire three times, sunwise (MacLagan 5930a.2). For many centuries, in most countries across all cultures, it was customary for the birth to take place at home, under the supervision of a local midwife, (G. *bean- ghlùine* –E. knee wife) who had gained her expertise purely from the experience of dealing with many births in the neighbourhood. She was likely to be much respected for her skills in the community, long before trained midwives existed or there were obstetric hospitals.

Since it is intended to give prominence to the first-hand descriptions of people and their different roles in society, the following detailed account of a midwife from Barra is given as written in the manuscripts. It was given by Maggie Macdonald from Eoligarra, Barra, to Elspeth Kerr of Port Charlotte in Islay. We do not know whether Maggie Macdonald lived in Islay near to Port Charlotte, or whether Elspeth Kerr visited Barra; if she did, there is no record of the visit in the manuscripts. The name of the midwife is not given. The description of the personality, nature and general approach of the midwife to her work is clear and sheds light on how she viewed her role during this procedure:



Anonymous

8590

## Folk Lore of the West Highlands

Folk cures.

From Maggie Macdonald, Eilean, Barra.

The reciter, who hails from the island of Barra, gives the following description of the midwife she knew there, and she thinks she may be taken as a fair specimen of her profession, as found in Barra and the adjacent islands. She said:-

Bha 'm bean-ghluir' a bhiodh aig mo mhathair gu math sean. Cha robh iomh' ach boireannach a bhuineadh do'n Eilean fhein, agus tha mi cinnteach nach d'fhair i leasan a riomh, ach mar bha iomh' fein, agus mar thog i o bhi dol a mach a measg bhàn. Cha robh sgoil sam bith aice. Cha deanadh i aon chuid leighadh neo sgriobhadh, ach bha i mòr gus a doigh fein bhi aice, agus dh'fheumadh gach duine deanadh mar a dh'iarradh i, agus rud sam bi a dh'iarradh i, dh'fheumte sin a thoirt dhith, oir ma nach toireadh, chuireadh i sìon oirre, agus dh'fhalbhadh i, agus dh'fhagadh i 'n sin sibh. Gach ait gus an deachaidh i, theireadh i leatha a cuid aodach leabaidh fein, agus dheanadh i leabaidh dhith fein le sin, agus sop-cornlach, air an uclar. Bha i gu math deighneil air dram, agus 'nair a thigeadh i, gheibheadh i botal uisge-beatha, gus deanadh leis mar a thoilicheadh i; ach cha chreid mi gum fac duine sam bi riomh i air mhing. 'Nair a bhitheadh aig ullachadh a bith, chumadh i a snail oirnn daonann. Bha i anabarrach deighneil air sgadan saillte. Mar a bu saillte, 's an a b'fhearr, agus 'nair a bhitheadh ga'm brìck, cha deanadh leath' ach poit mhòr, agus theireadh i, gum feumadh an sgadan cad cluich bhi aice.

Figure 4: Description of Maggie Macdonald, a Barra midwife



Don uair 's gun toisicheadh tinneas, cha leigeadh i  
le duine dol a seach far am biodh am boireannach,  
ach i fein. Bheireadh i air an te bha tinn coiseachd mìn  
cuairt an teine, agus rudan trom a thogail.

Tha cuimhne againn ban-chuimhearsnach a bhi ag innseadh  
dhuinne mu dheimhin uair a bha i fein fo thinnas-  
-chloinne, agus bha 'm bean-ghluine so lethra. Mar a  
b'abharist bha 'm bean-ghluine ga h-iomain mìn cuairt  
an teine. Bha 'n teine gu matth laidir, agus rug e air  
cotaichean a' bhean-ghluine; ach cha d'thug a h-aon aca  
an aine, gus an do mhothruich iad faile an dothaidh.  
Leum an te bha tinn gus cuideachadh leis a' bhean-ghluine,  
agus leis an nì bha ann, thainig an leanabh ann an  
meadhan na cabhair.

Dh'fhamadh a' bhean-ghluine mu thimchioll seachdoin  
an deigh do'n leanabh a bhi air a bhreith, agus bha i gle  
churamach de bheireadh i do'n te bha bocht. Cha toireadh  
i ach gle bheagan bidh dhith gus an rachadh an seach-  
-doin seachad, ach an sin, non robh na h-uile nì dol gu  
matth, leigeadh i leis a' boireannach sìrigh, agus dh'fhalbhadh  
i. Ach air son seachdoin nes dha, thigeadh i air a h-ais  
gach treas, nes gach ceathramh lethra, a dh'fhaicinn cionnas  
a bha cuisean a dol, agus gach uair a thigeadh i, bhiodh  
suil aice ri rud eigin ri a thoirt dhachaidh lethra - mìn,  
oir nes sgadain, nes rud sìle dha 'n seorsa sin.

Bha i fuasach airson tombac, agus snuisean, agus  
'nuair nach biodh snuisean aca, nam faigheadh i pios  
tombac, chuireadh i air slige e, nes air clàr a' cheatal ris  
an teine gus am biodh e làn cruidh, agus an sin,  
mheileadh i radar a da thois' e.

'Nuair a bhiodh i 'san tigh againn-ne, bhitheamaid gle  
thoilichte 'nuair a gheibheamaid air fallh i, chionn gu  
duilich 'sa a bha i bhi cuir suas lethra.

The mid wife that my mother would have was pretty old. She was only a woman that belonged to the island itself, and I am sure she never got a lesson, except as was in herself, and as she picked up from going out among women. She had no education whatever. She could neither do reading or writing, but she was great on having her own way, and every person would need to do as she would desire, and whatever she asked, that would need to be given to her, or if it would not be given, she would put a nose on her, and she would go away, and she would leave you there.

Every place to which she went, she would take with her, her own bed clothes, and she would make a bed for herself with that and a wisp of straw, on the floor. She was pretty fond of a dram, and when she would come, she would get a bottle of whisky, to do with it as she pleased, but I do not believe that any person ever saw her drunk.

When we would be preparing her food, she would always keep her eye on us. She was very fond of salted herrings. The more salt, the better, and when we would be boiling them, nothing would do with her but a large pot, and she would say that the herring would need to have freedom to play.

Once sickness would commence, she would not allow any person to go in where the woman would be, but herself. She would make her that was sick walk round about the fire, and lift heavy things.



I remember a neighbour telling us about a time she herself was in travail, and this mid wife was with her. As usual, the mid wife was driving her round about the fire. The fire was pretty strong, and it caught the mid wife's petticoats, but neither of them noticed, until they felt the smell of the smoking. The one who was sick rushed to help the mid wife, and with the thing that was, the child came in the midst of the hurry.

The mid wife would remain about a week after the child would be born, and she was very careful what she would give to the patient. She would give her but very little food until the week would go past; but then, if every thing was going well, she would allow the woman to rise, and she would go away. But for a week or two, she would come back every third or fourth day, to see how things were going, and every time she would come she would have an eye to some thing to bring home with her - meal, or herring, or some other thing of that sort.

She was terrible for tobacco and snuff, and when she would not have snuff, if she would get a piece of tobacco, she would put it on a shell, or on the kettle lid, to the fire, till it would be full dried, and then she would grind it between her two palms.

(MacLagan 8590-8593)

There would always have been continuing concern for the recovery of both baby and mother; there is a Gaelic term *galair a' choigeamh oidhche* (infection of the fifth night); the sparseness of the information about the nature of the complaint will not permit an accurate diagnosis to be applied to this term, but it may have meant that

this was the post-delivery time when puerperal sepsis (infection of the womb) was most likely to develop – with possible disastrous consequences for the mother. The child might be placed in the father's marriage gown for its protection from evil forces; it was also said that the first garment worn by the child should be rapidly disposed of, presumably to minimise the risk of infection. It was customary for the new mother's neighbours to continue to care for and feed the other children in the family so that both the expectant mother and her midwife were left undisturbed, and this was also the custom for a few days after the infant was born. There are very few references to men being in the vicinity of a birth; their role would have been to continue with such tasks as were necessary on the land, caring for the cattle or fishing. Indeed the father might have been away from home working on the mainland or earning his living as a sailor.

This was the situation for Peigi Anndra (Macrae), the traditional tale-bearer from South Uist; she recounts the details of her mother's solitary confinement and delivery which took place in Lochmaddy, North Uist before the family moved to South Uist.<sup>152</sup>

She was working at the potatoes in lazy beds outside the house and it's likely she was planting potatoes at the time ... she said to herself 'I'll finish this before I go home'. She made a fire and food for herself ... When the time came, she had to go and get the man who lived next door to go for the nurse. But before the nurse came at all, the baby was about to come into the world. And she had it at the fireside at the chimney. She cut two sheafs of oats outside, and laid them out beside the fire, and put blankets on top of them. She lay down there and the baby was born there, without anyone in

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<sup>152</sup> Peigi Anndra was one of 13 children and latterly lived in South Uist with her sister Mary. Margaret Fay Shaw (1903–2004), noted singer and collector, was a good friend to both and learned several songs from them.

the house but herself. The nurse came then, and everything was all right. It was on his back that he (the neighbour) carried the nurse half the way, she was weak; she was old. Anyway that was over.

(Campbell 2000: 52)

In many instances, once the delivery was completed, the mother and child would be visited by several neighbours in celebration of the occasion by the consumption of tea, oatcakes, cheese and whisky.

There are some brief accounts of the food which was thought to be best for the newborn child both after birth, and later, as the child developed, there would be a need for an expansion of the food provision. From Torronich in Islay comes the information that whereas the newborn child had previously been given a teaspoonful of salt and water, now the contemporary practice was to give water, milk and sugar – to which a little whisky was added! (MacLagan 6042a). Some parents would give the child a small hazelnut-sized piece of butter – which, given the weak swallowing mechanism of the newly born child, must have been a hazardous practice (MacLagan 6042a.1). One contributor from Islay said that previously the baby would not be breastfed until the fourth or fifth day after delivery, but she noted that this practice had been superseded, such that breastfeeding commenced on the first day after birth (MacLagan 6043a.1). As soon as the baby was born, it had been the custom in Islay to wrap her/him in the father's shirt which had been suitably warmed (MacLagan 6043a.1).

There is relatively little mention of the role of conventional doctors in confinement and birth. Possibly this is because since medieval times, birth has been shown in contemporary texts to be an 'all-female gathering' with mothers being supported by

relatives, neighbours and, as noted above, midwives<sup>153</sup>. In the late nineteenth century, medical practice in most European countries, including Britain, was restricted to conventional medicine and surgery, and obstetrical training was not part of medical school curricula. In the United Kingdom the Medical Act of 1858 laid down rules for university training, but even after that date it was possible for students to qualify without any obstetrical training until this was introduced in 1886. Even in the early twentieth century, obstetrical training was a less-developed or structured discipline than either conventional medicine or surgery. However, as noted above, the doctor from Barra did attend his patient and there are also accounts in the Maclagan Manuscripts where the doctors did assist with child delivery. It is recorded that the well-known *Dotair Bàn*, Dr Alexander Macleod (1788–1854), who had spent most of his working life in North Uist, Outer Hebrides, was especially attentive to the women who were about to give birth.

### **Baptism and naming**

Although immersion in water as a purification ritual was part of Jewish religious tradition, it was mainly in the early Christian church that baptism came to signify that the recipient was accepted into the church. In addition to its inception in the New Testament, it also had a metaphorical significance since comparisons were made with the ‘waters of the womb’ during delivery bringing life, so the water of baptism was also seen as giving new life in a Christian setting (Davies 1994: 42).

It was thought to be desirable that the baptismal ceremony should take place as soon as possible and certainly before the end of the year in which the baby was born, and

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<sup>153</sup> See Jalland ,P., and Hooper,J.P.,(1986)Women from Birth to Death;the female life-cycle in Britain 1830-1914

sometimes it was done within a week of birth, in order to minimise the chances of the baby being exchanged for a changeling by fairies, frequently referred to as the ‘small people’ (*na daoine beaga*). It is symbolic of the diversity of sources of material in the manuscripts, that there is an account given by a visitor from the Channel Islands, which has some similarities, in particular the ‘churching’ of the mother within a week of birth as being desirable. She relates that after the birth of a child, the mother never goes outside, until she goes to the church to be ‘churched’. Even then the minister, according to custom, went to her house to offer a prayer first. Until then the mother was named an ‘uprose’<sup>154</sup> which may have been used to describe a mother ‘who had got up from her bed’ (MacLagan 7406a.2). Gaelic lullabies were frequently sung to soothe the baby and to act as a verbal charm in protecting the infant against abduction by the *sithichean* (fairies) (O’Madagain 1989).

Sometimes the child would be given a name soon after delivery and sometimes the naming would be deferred until the child had his/her baptism; the child was thought to be particularly vulnerable to invasion by fairies till this took place. Children were usually named after some member of the family; if this child died, his successor was sometimes given the same name, but if he or she then died, then the third child was given a different name (MacLagan 0312). A variant of this practice was noted in Islay; if a child died, the next child was given a scriptural name (MacLagan 3128). There are other descriptions of how infants acquired their names; *Ailean nan Sop* was the eponym given to Allan Maclean (1551/2–1615), a notable Highland reiver from Mull, and it is said the reason he had this sobriquet was because he had been the

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<sup>154</sup> Uprose has been used to describe a mother who was waiting to take part in a church ceremony after birth of her child and was regarded as cleansing ritual.



subject of a rapid unexpected birth and in the process had fallen on *sop* (straw) (Maclagan 7604a).<sup>155</sup> There are several other accounts of the life of this colourful character as noted (Black 2005; Maclean-Bristol 1995). Although use of the Manx language was rapidly diminishing in the Isle of Man during the second half of the 19<sup>th</sup> century, the beliefs and practices relating to the protection of the mother and her new-born child by midwives and family, seemed to be similar to those found in the manuscripts. (Killip 1975)

In another description from the Maclagan manuscripts, it is told that twin boys were delivered by the attending midwife; after the first boy made his entry into the world, she is reputed to have said '*mac an toiseach*' (the first is a son) and when she detected that another boy was about to appear, she said '*mac am fear seo*' (this one is also a son). This is said to be the manner in which the clans *Mac an toisich* (MacIntosh) and *Mac am fear seo* (MacPherson) names were derived (Maclagan 2216a.2). No other sources have been found to corroborate this version of birth naming for the progenitors of these two clans (Dorward 1995). It is possible that this story is derived from a play on the Gaelic words *toiseach* and *am fear seo* and may have no other connotation.

### **Childhood; diseases and development**

It is worth noting that there would have been some differences in the kinds of morbidity suffered by the newborn child and, in their most severe forms, this might have appeared as different degrees of physical deformity and related brain damage,

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<sup>155</sup> In SA 1953: 105, as told by Ian Maclean to C. I. Maclean; he is said to have used straw to set fire to a castle in Mull; hence his eponym.

as suggested by the following example told by Anne Macleod, Berneray, to Elspeth Kerr:

If a deformed or ill-favoured child appeared in a family, it was concluded that the fairies had taken away the proper child and left this one instead. Some fifty years ago a man still lived in the island whose head, feet and tongue were beyond all proportion larger than the rest of his body; he was believed to be a changeling.

(MacLagan 0234a)

It was commonly believed at the time of the MacLagan collection that fairies and witches were lurking near at hand in order to intervene at a time when the infant was considered to be more vulnerable and unprotected; and hence there are several records of the steps taken by the expectant mother, and her helpers to exclude their malign influences. These include walking thrice round the fire sunwise, or placing needles or other metal object, such as a knife, in the bed head, or attaching it to the outer door frame (MacLagan 5930a.2; MacLagan 2942). Some would place a Bible underneath the pillow (MacLagan 7392a.2); even after birth, the mother would be encouraged to leave the bed from the right side and also to walk round it in ‘sunwise’ fashion (MacLagan 7805a.4). There are no detailed accounts of the process of birth or the actual delivery of the infant, but this is not surprising since the midwife might be reluctant to share her knowledge and skills with other people. It was thought that the ‘afterbirth’ (placenta) should always be burnt in order to avoid it falling into the possession of fairies.

Many possible explanations have been advanced for the appearance of physical deformities in infants and young children. Most often this was attributed to the ill will and interference of fairies, their malevolence being thought to have been directly

responsible for the defects and abnormalities of physique in the infant. In many instances, it was said that the child was small, stunted with restricted growth and did not communicate with other members of the family. The Reverend Neil Campbell supplied the following story which is illustrative of some of these points; his informant is not named:

***Iain Beag a Chota Mhaid.***

Is e bh'ann tigh tuathanaich, agus bha leanamh aca. Cha do chin an leanamh riamh agus cha do choisich e. Bha taillear aca ag obair san tigh. Dur bha na h-uile duine a-mach ag obair bhruidhinneadh an leanamh is an taillear. Latha fhuair iad cach a-mach thoisich an leanamh agus an taillear agus chaidh iad dhannsadh. An deigh sin, h-uile latha rachadh an taillear agus Iain Beag dhannsa. Cha do bhruidhinn e ri duine ach ris an taillear is lean iad mar sin. Bha iad cinnteach nach bu leanamh ceart e. Chuir iad a mach cinn raithe e is cha do thill e. Dh fhalbh Iain Beag a Chota Maide.

*Is e seo an rann a bhiodh aca ... (the tailor and child)*

*Lamh d'athair ort, a mheirlich, mar a cinn thu laidir,*

*Oidhch 'cinn aon raidhe, fagar thu muigh.'*

**Small John of the Wooden Coat**

It was a farmer's house in which they had a child. The child never grew and he never walked. They had a tailor who worked in the house. When everyone was out working, the child and the tailor would converse. On a day after everyone had gone out, the child and the tailor began to dance. From then on, the tailor and little John would dance every day. He did not speak to anyone except to the tailor and thus it continued. They were convinced that he was not a 'normal' child. They banished him on a night at the end of the season, and he never returned.

This is the rhyme which they would say ... (the tailor and child)

'Your father's hand on you, O thief; unless you grow strong on a night at the end of a season, you will be left out.'

There are two explanatory annotations added by the Reverend Neil Campbell. *Lamh d'athair*, pronounced as one word with the first syllable accented and very short, was used as an imprecation for frightening children and this 'season' alluded to, means one of the quarterly divisions of the year' (Maclagan 2259b).

It may be implied that 'Small John' was a child of stunted development who may also have been mentally retarded such that he was unable to speak – at least to his own family. It is possible that the tailor in the story had developed good communication skills, which, allied to empathetic understanding of Small John's condition, had led to their 'dancing and speaking' to each other. The tragic ending implied in this story may have been true at a time when beliefs in the reality of the 'unseen' was used to give credibility to the occurrence of events and the occasional presence of a dwarf being born into a family. It has also been said that children who suffered from some physical deformity might be kept indoors, in case their appearance would be judged to bring ill repute to their family. However, as in many Celtic legend tales,<sup>156</sup> there was often a characterisation of a kinder disposition to the unfortunate child with deformity, as found in the following accounts.

Robertson (1905: 265) tells about a childless couple from Wester Ross; eventually, the father said 'I wish I had a son, even though he were not bigger than the head of my thumb'. And so it happened that eventually a son was born – of very small proportions – and was named *Tomas Ceann Ordag* (Thomas Head of Thumb). He suffered many tribulations because of his size but survived and was loved by his family. Dwarf infants are very rare and most cases may have suffered from

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<sup>156</sup> See Uther Hans-Jorg (2004): *The Types of International FolkTales; a Classification and Bibliography*.

achondroplasia, a form of skeletal dysplasia, leading to stunted growth. However, its nature is said to be one of earliest mythic constructions, when no explanation could be given for the diminutive stature, often allied to abnormal or retarded physical attributes. During the writer's youth, any child in the neighbourhood who suffered from a mental disability was always welcomed to any house for food and hospitality, and their encouragement to participate in the croft work and fishing did give them a sense of personal worth and family bonding.

Children's habits and ways of thinking are hence thought to be most influenced by their parents' behavioural patterns of responding to each other, to the family and wider community, until they have reached adolescence; this may be particularly true in closely knit communities when several generations and close relatives lived and worked in close proximity to each other sharing the same language and culture.<sup>157</sup> As Erikson has commented:

‘Children at various stages of their individual development identify with those part aspects of people by which they themselves are most immediately affected, whether in reality or in fantasy’ (Erikson 1982: 121).

They were also expected to remember what they had heard for the use of later generations and occasionally extreme measures were followed in order to imprint happenings regarded as important, as the following account verifies:

When I was a boy<sup>158</sup> a lawsuit arose anent the boundaries of Sonachan, and the Duke's land,<sup>159</sup> and my father-in-law was

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<sup>157</sup> Children would also learn at the evening gatherings from the stories and songs told by their elders.

<sup>158</sup> The informant in this instance was not named.

<sup>159</sup> Sonachan is a small community in West Argyllshire and hence it is likely that the Duke of Argyll is the person to whom reference is made.

asked as witness. The asked him if he knew the boundary stones, and he said he had good cause to know and remember them – that the boundary was set in his boyhood and ‘we dragged the wood that was burnt to charcoal, and this with the ashes was placed under the landmarks. Then they took hold of us youngsters and gave us a good thrashing in order that we might keep in our memory how the boundary stones were fixed.’

(Maclagan 1174)<sup>160</sup>

This custom of reinforcing important memories in the childrens’ memories by association with physical pain, was also done in other parts of the Highlands.

At an earlier time than when the Maclagan collectors were actively collecting, there is an account of how the children in Lewis were perceived:

We were much struck with the healthy appearance of the children, who are rarely deformed in any way; and as rarely succeed in concealing their natural proportions. We have seen half-naked urchins running out bare-limbed among the snow, although but the moment before ‘dusting’ themselves like sparrows, among the warm peat-ashes.

(Smith 1875: 29)

Most of the accounts of illness and the afflictions of the young are gained from adults in the family and there are relatively few first-hand descriptions from the children themselves. But it is likely that many of the diseases, particularly the common infections, would have been suffered in a manner similar to that experienced by adults. As has been noted previously, the knowledge which children had of illness, recovery and even death would have arisen occasionally from their own personal experience, but more particularly from what they would have heard from their parents and the extended family group, from those who lived nearby and those who were their blood relations. The uncertainty of the cause of many of the illnesses

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<sup>160</sup> ‘Beating the bounds’ is another term used for this practice. *Sgurr a’ Ghreadaidh* (the mountain for beating) in Coolins, Skye indicates that this was the site of a similar custom for ‘marking the boundaries’ of land belonging to different clans.

would certainly have encouraged beliefs in the effects of the ‘evil eye’, in charms and incantations as curative powerful agents, and in the need to consult the healers with a sound local reputation.

The nature of the household in which they lived was likely to be cramped, with relatively restricted individual space, being poorly lit with candles or oil lamps and several children having to sleep in the same bed. Hence, it is not surprising that any infection would spread very quickly from one to another and in turn this could place a severe burden on the parents who cared for them, who also drew water from the wells, baked and cooked, milked the cows and kept up with the land work and seasonal fishing. These considerations would also have applied to children in many other parts of Scotland, although to date there have been no comparative historical studies documenting the personal experiences of children in the early stages of maturation. The collected oral personal recollections from children and young adults are scanty, but there are some published accounts, as in the following transcription from *Saoghal an Treobhaiche*, quoted in the oral collection made by J. L. Campbell of Canna, the celebrated folklorist. The account was given by Angus MacLellan (1869–1966) from South Uist, where he tells of his own and his family’s experience of the ‘big fever’:

*Bha mise nuair a bha mi òg, bha mi mu thri bliadhn’diag as an am, agus bha brathair dhomh na ghriasaiche agus bha e as an Eilean Sgiathanach ri griasachd. Agus gu de ghabh e ach fiabhras as an Eilean Sgiathanach. Cha do rinn e mach gu de bh’air, co dhiu as an àm, ach thànaig e dhachaidh agus an uair a fhuair e gu math, an dèidh tighinn dhachaidh-tha mi tuigsinn gu robh e an deidh a chuid bu mhiosa den fhiabhras fhaighinn seachad mun danaig e – thill e air ais dh’an Eilean Sgiathanach, agus an deidh dha tilleadh air ais, cha robh e fad air falbh, ach mu sheachdainn, nuair a laigh brathair dhomh a- staigh, fear air*

*an robh Eachann, agus 's e Domhnall Iain bh'air an fhear a bha na ghriasaiche. Bha dotair againne, fear Domhnallach a bh'ann 'sann an Dreamasdal a bha e fuireach; agus chuireadh fios air an dotair, thanaig an dotair is dh'inns e gur h-e 'm fiabhras a bh' air a'ghille, air Eachann. Dh'fhalbh an dotair, agus cha robh an dotair fad' air falbh, ach beagan lathaichean, nuair a laigh dithis pheathraichean dhomh, Mòr is Peigi, laigh asan iad fhèin as an fhiabhras. Bha triuir aca nan laighe an uair sin; Well, bha m'athair is mo bhrathair, bha iad air an cois. Laigh a'sin m'athair ann is bha mi toilichte gu leor fad's a bha mo mhàthair air a cois ach gu mi-fhortanach laigh i fhein, agus bha coignear aca 'nan laighe comhla, agus cha robh duine airson attendadh dhaibh. Cha robh duine tighinn 'nan coir idir, no tighinn am faisg an taighe. Bha mhòine agam ri tarraing air pios math astair agus bha beathaichean agam ri attendadh dhaibh, agus cha robh duine agam ach mi fhin. Well bha an dotair a 'tighinn gu math tric, agus chanadh e rium a h-uie latha thigeadh e: 'O na biodh sion a dh'eagal ort' ars esan, cha chreid mi gun gabh thu idir e. Ach cuir a-mach a h-uile diar uisg' a bhios agad a-staigh an oidhche, agus bheir thu dhachaidh uisge fresh*

*Well, bha mise math gu leor fhad'sa bha mo mhathair air a-cois, ach nuair a laigh i sin, bhris mo chridhe, agus tha mi cinnteach gun do chaoin mi na nigheadh m'aodach leis a' mhulad nuair nach robh agam ach mi fhin.*

When I was young (I was about thirteen at the time) one of my brothers was a shoemaker, and he was working in the Isle of Skye. He caught the fever on the Isle of Skye. He didn't realize what was wrong with him at the time, but he came home, and when he got well after coming home - I understand that he got over the worst of the fever before he came - he went back to the Isle of Skye. After he had gone back - he hadn't been gone long, only about a week - my brother Hector who was at home fell ill. The one who was a shoemaker was called Donald John. We had a doctor called MacDonald, who lived at Dremsdale. The doctor was sent for, and he said that Hector had the fever. The doctor went away. Only a few days after he had gone, two of my sisters, Mòr and Peigi, fell ill with the fever. Three of us were ill then. But my father and mother were all right. Then my father fell ill. I was happy enough as long as my mother was up, but unfortunately she herself fell ill, and the five of them were all ill together, and there was no one to look after them but myself. No one was coming near them or near the



house. I had to fetch peat from a good distance, and I had cattle to look after, too, and I had no one to help me.

Well, the doctor used to come fairly often. Every day that he came he used to say to me ‘don’t be afraid at all, I don’t believe you’ll catch it. But put out every drop of water that’s indoors at night, and bring in fresh water’.

I was all right as long as my mother was afoot, but when she herself fell ill, my heart broke, and I’m sure I wept enough tears to have washed my clothes with sorrow when I had no one left to help me.

(Maclellan 1963: 11-12, translated J.L.Campbell 1997.)

The nature of the illness is not specified and so could have been one of several infectious diseases, such as typhus or typhoid, but from this short account, the potentially damaging effect of the family’s illness on a young boy of 13 can be surmised, since he was the only carer for his siblings and his parents. Angus, however, appears to have been none the worse of this experience for the rest of his life and lived to the age of 97!

Assistance and support for the parents would be expected of the children and even from the age of 10 or 11 upwards, they would work on the crofts and help with guarding and feeding the cattle. The family was seen as having a wider basis than the family unit today and included grandparents, cousins, uncles and aunts, usually living in close proximity to each other, often in the same village; the exact genealogical relationship to one other was of great importance such that the first question asked of an apparent stranger could be ‘*Co leis thu?*’ (Whose are you?) or ‘*Co dha am boinn thu?*’ (To whom are you related) and each person would be expected to be familiar with this and to recite their paternal and maternal ancestry

without hesitation. After coming from a nearby village into a closely bonded and related community, it might be said of such an individual ‘*Tha e coltach ri na daoine*’ (he resembles his folk); or, more quaintly expressed ‘*Cha robh tarbh coimheach sa’ bhuaile nuair a’rugadh tusa*’ (there was no strange bull in the pen when you were conceived/born). This awareness of genetic inheritance would be just as likely to refer to his behaviour and mannerisms as much as to his physical appearance. And as young people grew up, knowledge of what their ancestors had done with their lives, their qualities and skills might be seen as having a strong effect on their own aspirations and daily lives. These activities were often part of the evening gatherings when time was given over to songs and the recounting of local tales and legends, told and retold as offering guidance and entertainment to young and old alike.

### **Young adults; development and maturation; marriage and conception**

When we consider that the young folk would have to move away from home to face the realities of work and establish contact with people to whom they were not related, (and possibly some who were not their friends), we can understand some aspects of the values which were thought to constitute the distilled wisdom of their cultural inheritance. Many of these values would have been learned from close observation of parents and relations, as well as from the recounting of local legends and anecdotes and the repetition of sayings and proverbs on a daily basis, such as ‘*An lamh a bheir ‘s i a gheibh*’ (the generous hand will be rewarded). Generosity and magnanimity of spirit tended to be the subjects of praise and recommendation in poetry and song, as marking a standard to be practised and achieved, even by those from poor surroundings.

When the young of both sexes began to experience mutual physical attraction, a new phase of life had arrived and much has been told and written about this subject which features abundantly in Gaelic poetry and song. The visits of the male suitor tended to be keenly observed by the girl's mother and particular attention was given to the suitor's background, his status, and the reputation and fecundity of his family, as well as to his physical appearance.

*Alasdair nan tri Mairi* (Alastair of the three Marys) from Ross-shire is remembered in an account told to Elspeth Kerr; Alastair courted three girls, simultaneously, each named Mary, and liking each one as much as the other, could not make up his mind whom he should marry! So he sought the advice of a wise old man in the district who said '*Pos an te is treasa dhiubh is cha tig an dithis eile nad choir!*' (Marry the strongest of the three and the others will give you no trouble!) Shortly afterwards, the three girls had occasion to fall out with each other and at the end of the resulting conflict, he noticed who had won – and this was the one, whom he married. The teller of this story, who came from Ross-shire, remembered this woman from his own youth; by this time, she was an old woman but she was still fierce and feisty in her habit, such that no one would come near her, and she terrified her neighbours! (MacLagan 3809)

Possibly because the phase of courting, betrothal and marriage was a time of considerable importance to members of each sex and to their families, there exists a large number of pithy saying and proverbs which might have been quoted by parents and friends and believed to give insightful guidance to the courting couple. Wit and sarcasm in some descriptions of relationships are illustrated in the following sayings:

*Ho, ho iad gad iarraidh, triuir an uiridh, is dithis am bliadhna!*

You attracted three last year, but only two this year!

which may be seen as a sarcastic remark implying that an attractive woman was thought to be losing her good looks.

*Cha dean mi am baisteadh, gus an dean mi am posadh.*

I will not anticipate baptism until I marry

thus supporting celibacy before marriage (My translation).

This phase of life may have been seen to have many similarities across many parts of Scotland as has been commented:

Long engagements were uncommon. Marriageable youths and maidens generally had several strings to their bows: whence rose the expression, *Fear dhe m'fheadhainn* and *Te dhe'm fheadhainn*, translated into the genderless English as 'one of my ones'. The final choice and coupling often came as a surprise to the whole village. There were two men, William and James, who often came to our kitchen to ceilidh on the servant girls. William was a merry rogue; James was quiet and sedate. Once I asked Chirsty which of them she preferred. She replied 'William for courting, but James for merriet'.

(Strachan 1936: 582–583)

The desire to marry and have companionship was not confined to young people, as the next story demonstrates:

The following tales are from the island of Barra, where, according to the reciter they are frequently rehearsed at the Ceilidh.

Bha Cailleach an sùd aig an roth mòran airgeid, agus bha dìthis mhac aice, agus bha iadsan airson an t-airgid a bhi aca fein, ach cha dealaicheadh a' Chailleach air sgillinn, agus cha robh fios aca san Cait an roth 'n t-airgid air a chumail leatha, 's ged a bha iad a' deanamh commsachaidh air a shon, cha robh iad a' tighinn air. Bha 'n Cailleach co sean 'us gur gann a dhì-fhagadh i taobh an teine, agus ged bha i ach beag dall le aois, bha i air bhoil gu posadh.

'Mhair nach b'urrainn do na gillean an airgeid fhaotainn fha' a mach, chaidh iad gu an duine bu shine bha san aith, gu a chomhairle a ghabhail, agus b'an mar so a chomhairlichean. Thubhairt e riutha gun robh am mathair fuasach gu posadh, agus iadsan a dhì fhaotainn maide m' airde duine, agus a dhreasadh suas le tringhas agus cota, agus ad, mar a bhiadh air duine uasal: agus ~~na sheasamh~~ na sheasamh aig an dors, fhaigil 'mhair a rachadh aon dhiubh fein a steach gu innseadh dhi gun robh duine aig an dors ag iarraidh a faicinn mionaid. Agus ars an sean duine, 'Mhair a dh'fheoraicheas ise co th'an, agus de tha e ag iarraidh, their sibh, gun e coslas duine uasal bha air an duine, agus gun do thog sibh bhuaithe gun robh e dol ga h-iarraidh gu a phosadh."

Rinn na gillean mar so, agus 'mhair a bha 'm maide dreaste, chuir iad e na sheasamh ri taobh an dors. Bha aon dhe na mic a b'fhearr leis a' Chailleach na 'm fear eile, agus chòrd iad gun rachadh am fear so a steach a dh'innseadh dhi co bha aig an dors.

Chaidh e steach, agus bha ise mar, ~~mar~~ b'abhaist, aig taobh an teine, agus thubhairt an gille, ~~agus thubhairt~~ "Bha duine aig an dors aig am bheil toil a bhi bruidhinn riuth a mhaithair." Co thà'n ars ise: agus mus robh uin' aigesan freagairt a thoirt, dh'fheoraich i de bha'n duine ag iarraidh. Thubhairt ~~an~~ mac gun robh cota agus ad air, mar dhuine uasal, agus gun do thog e bhuaithe gun robh toil aige bhi bruidhinn riutha dh'fheuch am posadh i e.

Cha d'iarr a' Chailleach tuille seanaachais. Ise, nach fhagadh taobh an teine roimh, le co sean, 's co dall 'sa bha i, ghrad leum i gu an dors, agus 'mhair a rinn i'n stairsneach, agus a chumail i, mar a shaoil ise an duine, ghlaodh i, "Cas air ulaidh dhuibh a luaidh: b'fhearr leam thuosa na mo dhithis mhac."

Le so fhuair na mic a mach gun b'an fo stairsneach an dors a bha 'n t-airgid falaicht' aice, agus thog iad a' chlach staironich, agus fhuair iad pìgadh, làn air agus ~~air~~ airgeid.

Figure 5: Tale of an old lady from Barra

(MacLagan 8249a)

The above is a traditional tale from Barra, which, according to the informant ‘is frequently rehearsed at ceilidhs’.<sup>161</sup> It may be summarized as follows; it tells about an old lady who is described as ‘so old that she would hardly leave the fireside, and was almost blind with age, but she was very keen to marry!’ (the Gaelic rendition is ‘*air bhoil gu posadh*’)<sup>162</sup>. Despite the wishes of both her sons to find out where she hid her money, she stoutly refused to tell them. They hatched a plot whereby one of them would dress as a gentleman and come to call on her. When he knocked on her door, the other son told her that there was a gentleman at the door who had expressed a wish to see her and had hinted that he might even be interested in having her hand for marriage. Despite her age and infirmity, she leapt up, rushed to the door and seeing there – even the shadowy outline of a tall gentleman, exclaimed, ‘My riches are under your feet, at your disposal; and I would much rather you had it than either of my two sons,’ On hearing this in the background, the sons dug up the door stone and availed themselves of a jar full of gold and silver! (MacLagan 8249).

The majority of love songs in Gaelic culture come from the younger members of the population, with their descriptions of longing for their lover, despair at their absence, abandonment and heart break; joyful songs of mutual sharing seem to be rarer. The account told above is different since the main protagonist, despite her old age, is very desirous of finding a marriage partner, possibly to comfort her in her declining years, while being supported by her riches which she had managed to keep from her sons

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<sup>161</sup> The use of this phrase is frequently seen in the MacLagan Manuscripts, as well as in other collections e.g Carmichael Watson collection; it emphasises that much storytelling was a practised art form such as we find in theatrical performances.

<sup>162</sup> Eng. ‘desirous of getting married to the point of obsession

until the conclusion of this story. A description of an old man prone to a similar aspiration, can be found in Shakespeare's *As you Like It*:

Though I look old, yet I am strong and lusty;  
For in my youth I never did apply  
Hot and rebellious liquors in my blood,  
Nor did not, with unbashful forehead woo  
The means of weakness and debility;  
Therefore my age is as a lusty winter,  
Frosty, but kindly.

(Act 2, Scene 3)

### **Life experiences in adulthood; attitudes, work and gender roles**

In this section manuscript examples and descriptions are provided which illustrate the manner in which illnesses and diseases might have affected the daily lives of adults and the extent to which they, their families and healers understood, coped and managed the disease-event. As in current medical practice, those who would have had the responsibility for looking after the patients would, in the first instance, have been relations, and where necessary the assistance of the local healers would have been sought, or a doctor if one was available. As with many individual manuscripts of oral traditions, we need to accept the descriptions as recorded and a measure of caution must be exercised in providing judicious interpretation of each item; however, when there are several separate descriptions of the same condition, especially if sourced from different locations, it may be possible to construct a more complete picture of the illness, aspects of associated beliefs in causality, and modes of treatment. It is sometimes clear that each account may have one or two main thematic points which are unusual in frequency or contour, and this may explain why they were remembered in the community and related by the informant.

There are several references to money in the manuscripts – its acquisition in relation to the work undertaken by women and men, the effects of its possession and the various ways in which it could be saved, spent or misspent. It is likely that the inhabitants of the Highlands would have been aware of the universal perception that poverty was frequently associated with poor health and liability to contract illness. Women would have been aware of how their life choices might be affected by the possession of food and household items for their use. Mrs Martin, Port Charlotte, Islay has already been quoted in Chapter 4 and we can get some appreciation of what may have been common attitudes to money, household materials and the self-reliance which she commends. She talks of the ‘thrifty habits of the Highlanders of other times as compared with now. They would not put the worth of a pin in the things men buy with their money today. No wonder that a penny won’t be in their pocket with the way they are working in these times’ (MacLagan 5574).

The above may be considered to be a somewhat sentimental account from an older member of the community as she considers her neighbours’ wishes and attitudes to daily toil, in contradistinction to her recollection of her youth which she considered praiseworthy and which ought to be integral to their daily lives. She provides clear details of some of the work – in this case dyeing linen – and always she commends thrift!

There may often have been occasions when animosity within the family could have led to serious injury and death. After the day’s work was done in the fields, the men and women would return home, food was taken and they would sit by the hearth,



possibly in expectation of being visited by friends – and strangers. The anticipation of a cordial atmosphere was not always fulfilled:

In a farmer's house, after a long day in the fields, the farmer and his family were sitting around the fire in the company of a stranger who had turned up at the door step and was offered the customary hospitality of food and shelter for the night. At this late hour, both the lady of the house and the stranger began to yawn regularly in turn and this was noticed by the husband, the farmer. He became suspicious that they had developed an attraction for each other and this thought gnawed him all night after he had gone to bed, such that, in the morning, he had resolved to take the drastic measure of shooting his wife! Next day, they both went out into the woods, on a lovely morning – and he was carrying his gun; the birds were singing and flew from branch to branch of the trees. The wife, in all innocence and unaware of her husband's dark intention, exclaimed 'See how the birds go from tree to tree in turn, of their own choice.' The farmer stopped in his tracks and was so overcome by the similarity between the random habit of the birds in flitting from tree to tree, and the reciprocal yawning by his wife and the stranger from the previous evening, that he immediately confessed his evil intention to his innocent wife. She forgave him and they lived happily ever afterwards.<sup>163</sup>

(Maclagan 1350)

This story gave rise to the following couplet:

*Theid am meuran bho dhuine gu duine,*

*Mar theid an t-eun bho chraoibh gu craoibh.*

Yawning moves from one person to another,,

Just as the birds flit from tree to tree.

(Maclagan 1350: writer's translation)

Given the demanding nature of hard work with which women would have been expected to cope in raising a family, the preparation of food, and carding, spinning and weaving of wool, it may be inferred that some would have found life to be

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<sup>163</sup> The physiological explanation of yawning is related to the onset of sleepiness and also to the build-up of carbon dioxide levels in the blood.

especially stressful and may have suffered from ‘psychological disorders’ of varying degree. It has been commented already that only the more obvious mental disorders are described in the manuscripts, such as epilepsy and ‘madness’. However, there are also accounts of the redoubtable resilience of spirit and physical strength shown by some females which, when transmitted orally, may have encouraged others of their own gender. An example of this comes from the rather macabre tale of a man whose wife went missing from the home and it was thought that she might have drowned in the local river:

The husband was seen searching anxiously from the river banks but instead of walking downstream as might have been natural, he went upstream. When his neighbour asked him why he searched for her in this unusual manner, he answered ‘She has been going against the stream all her life and I would not expect her to do anything different in her death.’

(Maclagan 3511.2)

This example of a woman reputed to have a strong independent outlook is followed by a tale of another woman who possessed great physical strength and was determined to go beyond her limits.

She was so strong that she would overcome all the men she ever met in wrestling. A certain man measured his strength with her. He felt himself her superior but gave her a chance. She put him down but he told her that he had not gone as far as was in him. She would not give in and the next time he put her down but she made such a struggle that she did not get over the struggle as long as she lived.

(Maclagan 0819.2).

This story was collected by the Reverend Neil Campbell and noted as originating in Foss, Perthshire; it is the only description of this nature in the manuscripts and it is possible that she may have eventually suffered from the wrestling match.

### **Old age: longevity; death beliefs and customs**

It is now appropriate to describe the above subjects as they are found in the manuscripts in the context of how they were perceived in the late nineteenth century from various locations in the Highlands and Islands of Scotland. The average life expectancy in late nineteenth-century Scotland was less than 50 years for both sexes, derived from census returns and, as in the twentieth century, the survival rates for women exceeded those of men. Hence we may expect that a man of 40 might be considered as being advanced in years, both by his children and by those in the neighbourhood.

Before the census returns became available, it was believed that there were certain areas of the Highlands where many inhabitants were believed to live to an exceptionally old age: such a place was the island of Jura<sup>164</sup>. The following narrative was collected from a native of Jura, James Lindsay, by Elspeth Kerr, and illustrates the longevity of some of the Jura inhabitants.:

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<sup>164</sup> See also chapter 1 p 27. where it is said that a man in Skye died at the age of 109

From Jas. Lindsay, small isles, Jura.

A native of the island of Jura related the following which he said he often heard asserted as having been quite true. It is, as nearly as possible in his own words.

Chual Dinched Barra-ghéal mun mhúinntir Shìorra, gun robh iad a' faotainn saoghal cho fad, agus ghabh e bàt agus clithis dhaoine agus thainig e nall thairn an eilein, a dh'fhaicinn an robh na cuisean mar chaidh innseadh dha. Thainig e air tìr aig a' chnoc Chrom, agus a sheud reach a chummaic e, b'e duine aig an robh ceann liath, agus feile-bheag air; agus bha n duine a' caoineadh. Chaidh an Dinched suas ga dh'ionnaidh, agus dh'fheorais, c'arson a bha e caoineadh; agus thubhairt e, gun robh, chionn gun do ghabh athair air.

"Agus C'ait' am bheil t-athair? Ars an Dinched.  
"Sin e thall an sin". Thubhairt an duine. Chaidh an Dinched suas far an robh an duine, agus dh'fheorais e dhet, c'arson an do ghabh e air a mhac; agus fhreagair an duine, gun do ghabh e air, chionn gun robh e tilgeadh phloc air a sheanair. Dh'fhosgail an Dinched a shuilean, agus thubhairt e ris.  
"Agus C'ait' am bheil a sheanair?"

"Sin e thall an sin a' tubhadh an tighe". Thubhairt an duine.  
'Nuair a chual an Dinched so, cha do dh'iarr e 'n corra, ach thubhairt e ri na daoine bha leis, "Thulla, faodaidh sinn tilleadh dhachaidh. Tha an naigheachd fìor gu leor."

Figure 6: A tale of longevity in Jura (Gaelic)

The Duke of Argyle heard about the inhabitants of Jura, that they were getting such a long life, and he took a boat, and two men, and he came over to the island to see if the affairs were as had been reported to him. He came ashore at Knock-Crome, and the first man he saw, he was a man who had a grey head, and a kilt on him, and the man was weeping. The Duke went up to him, and he asked why was he weeping; and he said that he was, because his father had threshed him.

And where is your father, said the Duke. There he's, over there, said the man. The Duke went up where the man was, and he asked him, Why have you threshed your son; and the man answered that he threshed him because that he was throwing clods at his grandfather. The Duke opened his eyes, and he said to him; "And where is his grandfather?" "There he's, over there, threshing the house", the man said.

When the Duke heard this, he asked no more, but he said to the men that were with him, "Come, we may return home. The report is quite true".

Figure 7: A tale of longevity in Jura (English)

(MacLagan 7669)

The Old Age pension was not introduced until 1908 and then was available only to those people over seventy who were on a restricted income. Even then there were many people on the voters' roll who did not accept that age by itself was a reason for acceptance of the pension — if they had not worked, or done anything to deserve it.

There are several references to death as a natural end stage of life and it is possible to expand the subject by consideration of how it caused grief and anguish to the family, relations and small communities which were the common social groupings. By contrast to the care of the dying today, which frequently happens in hospital, hospice or care home, in the localities named in the manuscripts this would have happened at home, where most members of the household would be exposed to the final sequence of a person's life.. In some known instances in the Outer Hebrides, young female teenagers would be taken to see the corpse of a neighbour and afterwards would assist their mother or female relatives with its washing and preparation for burial, presumably to teach them about the finality of life and the customary procedures followed in preparation of the body for internment. This may also have had the effect of causing undue concern and there is a record of a young girl who had a cough and was kept awake through the night by worrying whether, if she died, her father would have enough money to pay for her coffin (MacLagan 0030). Death certification was introduced in Scotland in 1838, and since then there exists the possibility of obtaining the causes of death as recorded; however, in many areas there were no attendant doctors and hence the reliability of the early records are questionable. Usually most of the names of patients in the manuscripts are not given, except sometimes by their initials, and the location of death is not always given.

A number of simple ritual proceedings were often part of the process of bidding farewell to the deceased, including a wake, viewing of the corpse by the friends and relatives, regular worship and following the hearse in sequence to the cemetery, each close friend taking it in turn to dig the grave. Many of these customs are still remembered in the Outer Hebrides by the older inhabitants; also before the advent of

wheeled transport, the body would need to be carried by the local men on their shoulders, often for long distances over rough paths to the graveyard. Once the burial had been completed, food and drink would be provided for consumption by the coffin bearers in the graveyard or in a nearby house or hostelry. In many parts of the Highlands (and also in the Lowlands), it was not customary to use wooden coffins until the late seventeenth century, the common practice up till then being to transport the deceased, covered by linen, on a bier, to the graveyard. There are several references to how an individual should prepare for his/her departure from this world and there are also accounts of how this process might take place. In Arisaig,<sup>165</sup> there happened to be a man regarded as a ‘fool’ who was asked to attend his lord’s deathbed. His master had already given him a walking stick with the advice that he should keep it till he met someone who was more foolish than himself. When the ‘fool’ discovered, after repeated questioning, that his master on his death bed had made no preparation for the afterlife and was ignorant of his fate, he handed him back the stick saying, ‘I have now met someone more foolish than myself.’

In what was largely a non-literate society, it is not surprising that many of the transmitted beliefs and practices relating to different aspects of daily living were encapsulated in pithy sayings and proverbs, it being thought that thus the younger generations might benefit from the distillate of wisdom accrued by previous generations, of which the following is one example.

*An aghaidh mo bhonnan bàna* (‘against my bare feet’). In times before coffins were used for transport and burial of the deceased, as noted above, it was common practice

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<sup>165</sup> *Tocher* 22: 240–242; recorded by C. I. Maclean from D. MacDonald (1954).

for the body to be taken to the graveyard on the bier, feet first; while the body was usually covered with cloth or linen, the feet were left exposed as symbolic of the final journey to the grave. If this term was used in a heated controversy between two people, the speaker was saying that he did not wish to do something or agree with some proposition; it is a very strong statement of disagreement (Maclagan 4309a).<sup>166</sup>

A certain pragmatic approach to death is evident in many short descriptions, for a variety of reasons, for example it could affect many lower age groups than is common today; death occurred at home and not in hospital or any institution, and it was seen to be the natural end to life. There are many allusions and references to premonitions of death in one or other manner. The Gaelic term which appears on several occasions in the manuscripts is *sanas*.<sup>167</sup> Two brief illustrations are given by Elspeth Kerr from Islay, sourced from Anne Macleod,<sup>168</sup> Berneray.

A *sanas* or warning is often given before death. Sometimes two may be walking together, one of them hears the sound of beautiful music while the other does not, in which case, the one who does not hear it is soon to be taken from the world. It was the person's *sanas* that was heard.

(Maclagan 0649 b.1)

There was a young man who had quite recently got married in one of the Western Isles. When out working with his horse, he and it were constantly falling. In a short time afterwards, he met with an accident which resulted in his being killed on the spot. His former falls were believed to have been a *sanas* to him of approaching danger.

(Maclagan 0649 b. 2)

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<sup>166</sup> The contemporary English equivalent would be 'Over my dead body'.

<sup>167</sup> Dwelly (1993); meanings given include 'warning, augury or private sign'.

<sup>168</sup> See cross reference in Appendix List of contributors'.



As with many such examples, a more prosaic explanation might have been that either he had not acquired the basic skills of managing the horse or else that the horse may have had a physical disability rendering it more liable to fall. Because of the uncertainty which surrounded the importance of many early symptoms of disease even of a relatively minor nature, such as coughing or sneezing, there tended to be a desire to cure such with charms and incantations as well as by the use of oral medicines and herbal remedies.

## **Summary and Conclusion**

An important objective of this chapter was to gain information from the manuscripts of the various ways in which the named individuals managed to cope in personal and social terms with the effects of disease and illness, as these were experienced at various stages of life from birth to death. In the late nineteenth century, although severe mental disorders would have existed and been recognised, there was less knowledge and apprehension of the range of psychological disorders which could be associated with physical ailments; it is likely that in urban communities where the majority of doctors worked, there would have been increasing recognition of this linkage. It is also appropriate to include the descriptions of how health was perceived to be maintained and how the different food items, and eating habits, were considered to affect health. This is clearly related to the extent to which it was possible for the patients to have an understanding of the nature and gravity of illness, how this was likely to affect their own future health and also how it might impact on their relatives and the wider community. This broad objective was illustrated by several examples from the manuscripts, while acknowledging that the limited and

often brief nature of the descriptions did not necessarily permit any logical sequence of classification. In some instances, it was clear to the sufferer that he/she had been afflicted by a minor illness (and the minor nature of topical skin lesions, such as warts, would come into this category), but often the vague nature of a general illness made many patients suspect the worst outcome, more especially if it was accompanied by fever; and they would have known that many other people in their community with similar symptoms might have died. The local knowledge of disease was influenced by – and mainly derived from – the recollections of what had happened to other members of the local community when they had been stricken by an illness of a comparable nature; thus the body of knowledge about disease and healing can be correctly placed in the category of orally transmitted traditional culture.

In city life, there would have been increasing knowledge of the gradual developments in conventional medicine from the mid-nineteenth century, but this would have been rarer in the isolated communities of the Highlands and Islands, thus leading to greater reliance on traditional healing and the transmission of its knowledge as a practical important genre of everyday life. Healing and recovery from an illness, when it occurs, is an incremental process and the attendance and the pastoral concern of the attending healer would by itself have been an important element in the healing process. The variety of diseases which are mentioned, if only by a single word or within a body of related subjects, would have come down the generations in a manner similar to other materials in folklore, such as songs, legends, beliefs and customs.

Sometimes, it is not very clear how patients reacted to pain – or at least it is not recorded – when considered as a general subject, but it would appear from the wide variety of healing methods suggested for headaches, that pain relief was the main aim, rather than any method of alleviating the basic underlying cause of the disease. From a therapeutic stance, we are frequently not able to get a clear understanding of the comparative efficacy of the treatments – nor should it be expected – given the nature and typology of oral traditions. Although it may not be possible from reading the manuscripts to discover the patients' reaction to painful conditions, there is likely to have been a wide spectrum of sensitivity to underlying disease, similar to a current universal response. Also from current biomedical evaluation of pain-relieving methods, it is clear that the response to treatments may vary, and we can surmise that this would also have been true in the late nineteenth century, even allowing for the possible lack of efficacy of some of the treatments given.

A measure of the vitality of the common language, Gaelic, can be gained from the naming of and references to diseases and ailments, as well as the large number of proverbs and sayings relating to birth, growth or the everyday consumption of food; and a selection of those from the manuscripts is quoted. The main objective of this chapter has been the consideration of health and diseases as related parallel paradigms of experience, during the different stages of progressive maturation and ageing from birth to death as found in the primary descriptions from the manuscript collection.

## Chapter 8

### Discussion; conclusions; summary

In this final chapter, it is proposed to present the findings of the detailed research undertaken on the material from the MacLagan Manuscripts relating to the subject of the thesis: ‘Beliefs and Practices in Health and Disease from the MacLagan Manuscripts (1892–1903)’ derived from the methodology adopted for this purpose. The first stage of the procedure consisted of perusal of all the photocopies of the manuscripts kept in the School of Scottish Studies Archives followed by serial consideration of all the subjects which could form the basis of a thesis. From this initial thorough examination, it was evident that there were many hundreds of items relating to many different subject groups within the field of Scottish Highland ethnology, several of which could form the basis of an academic thesis. These could be classified under several general headings, for example, place name studies, which include many derivative explanations with emphasis given by local informants; local social and cultural historical accounts of life in one of several places, such as Islay, Mull, North or South Argyll in the late nineteenth century; descriptions of commonly used material items in crofting and farming; Gaelic orthographic conventions from songs and transcriptions in the manuscripts; heroic legends and sagas; detailed biographic studies of either of the two main collectors, Miss Elspeth M. Kerr and the Reverend Neil Campbell. Hitherto, it has been mainly individual stories and accounts of Highland life from the manuscripts which have appeared in print, being used as single illustrative examples of different facets of daily life, such as beliefs in the ‘evil eye’, charms, songs and healing anecdotes; these have mostly been published as individual items in the journal *Tocher* from the School of Scottish Studies. Although

most of the collectors' examples of oral traditions came mainly from Argyll and the Inner Hebridean islands there were also many items from other areas of the Highlands: Ross-shire, Sutherland, Inverness-shire, and also a particular rich authentic volume of stories and narratives from the Outer Hebrides.

Once a decision had been made to study the range of descriptions relating to health and disease for the reasons detailed in (Chapter 3) it was clear that some reliably accessible method was necessary to permit a more logical definitive access to the individual accounts, permitting their placement in a more acceptable generic framework and to facilitate the grouping of related thematic subjects for comparative and contextual study. Hence, it was decided to enter all the data relating to the descriptions of health and disease in a Microsoft Access database from which it was then possible to consider, research and classify the type and variety of different subjects relating to health and disease from the manuscripts.

of several descriptions inAfter identification of all the diseases and healing practices in the manuscripts, it became necessary to compare these with a number of similar accounts from other written sources and from transcriptions of oral traditions in the Archives of the School of Scottish Studies (SA 1951–1973; Calum Maclean Archives; <http://www.tobarandualchas.com>). Major writings which focused on the subject of traditional healing methods from the late nineteenth century were included in this preliminary survey of the subject (Buchan 1994; Masson 1888; Gillies 1911&1913; Grant 1989). Earlier contributions to the same subject were found in Martin (c.1695) and Logan (1812). However, many references to the subject of healing can be found as part of accounts from Scotland which portrayed wider

aspects of folklore, such as those found in Alexander Carmichael's collection *Carmina Gadelica* (1900–1971). It was also possible to relate the subject to many detailed descriptions of traditional healing practices from Ireland, Scandinavia and Finland as well as from the United States of America where the beliefs and practices of immigrants from Europe bore certain similarities to those held by native peoples ((Baldwin 2006)

It is evident that there was a wide range of beliefs and practices relating to disease and illness in the manuscripts, including many essentially supernatural beliefs in the causation of disease from exposure to the 'evil eye', as well as more conventional illnesses, such as trauma and strains, associated with physical labour, infectious diseases and disorders causing pain in different parts of the body. There is often a single word description of the disease without any deeper explanatory reference to the causation of the disease or how the disease was recognised; hence it was found that it was mainly by 'clustering' groups of similar descriptions together (however brief) that it was possible to infer what the condition was, its possible effects, and contingent treatments.

It is clear from several descriptions that there were often designated healers in different communities who had the ability to name the illnesses from which the patient suffered, and also to recommend the treatment. Sometimes, before the help of the local healer was sought, a member of the family, often the mother or grandmother, would offer her assistance where the patient was a child – an approach which was, and still is, common in many different parts of the world where various simple cures are available. The relationship between the healer and the patient in

traditional and conventional medicine is often said to be hierarchical when treatment was chosen (Arden 1993; Beith 1995). It is relevant to note that there may be a similar juxtaposition of a deeper relationship between the patient and the healer in current biomedicine, even though it may not be articulated in those terms.

Healing hierarchy can be expressed in different ways; the healer is healthy and the patient is sick: the healer has inherent healing powers and the patient does not: the healer has acquired specialized healing knowledge (in a variety of ways), and lay people do not have this knowledge: and the healer may have a special facility to communicate with the gods or to channel divine energy, and lay people do not. The high ritual status of the healer is made known through diplomas, lingo, insignia, special clothing and honorific titles. In many ways, the Western biomedical physician epitomizes this mode.

(Sullivan and Sered 2005)

Much of the research and discussion offered by the above writers is based on information gathered from different ethnic areas of the world – such as from the Kodi people of Sumbia in eastern Indonesia who are characterised ‘by intense attention to exchange obligations stretching back into the past’ (Hoskins 1996: 273) and to ‘many of the independent Christian churches of Africa who provide an important forum for the religious interpretation of disease and rites of cure (Sullivan 1989). Similarities to the thematic core of this thesis can be found in many worldwide sources of medical anthropological studies (Winkelman 2009; Rush 1996; Rubel and Hass 1990).

In Chapter 6, there is a description of a moderately large number of herbs and plants which were used as treatment, and this has been shown to be a universal healing practice which has origins dating to Neolithic times (Solecki 1975; Mann 1992). Within the descriptions of the herbal preparations there is frequently an account of

the mode of preparation of the medicine, whether by boiling the plant or allowing it to be soaked in water for a time. The number of descriptions of herbal healing gives further credence to other published accounts which highlight the frequent use of common plants, such as chickweed, agrimony, nettles, sage, watercress and dandelion, while non-herbal derivatives such as cobwebs, charcoal, eels' skin and saltwater also feature in many sources. (Allen and Hatfield 2004; Milliken and Bridgewater 2004; Darwin 2008; Beith 1995).

Charms and incantations were often expressed as rhythmic verbal rituals which were repeated because of the familiarity of the healer with their use for healing, and also because of their passage down the generations. It is also a subject to which there have been many international contributions (Roper 2009), with universal credence given to the efficacy of their repetition by many ethnic groups and tribal communities. Hitherto, the richest contribution to the use of charms in Gaelic culture has come from *Carmina Gadelica*, where the conditions needing cure are often mentioned followed by the charm incantation appropriate for the ailment or disease. This is also noted in the Maclagan Manuscripts, but in both sources the results of the verbal intervention are rarely given. Where an element of curing has been noted, possible explanations based either on the occurrence of spontaneous healing or the twentieth century concept of the 'placebo effect'<sup>169</sup> are included as a putative explanation (Moerman 2002; Honko 1962-63; Finnis et al. 2010); Porterfield 2005).

One of the main barriers to research in the subject of traditional medicine is that it is inappropriate to use an analogous empirical science-based approach as a

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<sup>169</sup> See also Chapter 5: p.217 (Beneditti 2009)



single mode of understanding or interpretation and the best approach has to be set firmly in the time period and the culture in which the practice existed. Anthropological and historical studies (Johnson and Sargent 1990) have provided evidence that many of the same diseases which existed in medieval and earlier times, are still present today. However, at the time when the oral material was collected for Dr MacLagan in the last half of the nineteenth century, there were several doctors in the Highlands and Islands who had gained their education and training in Scottish universities; many of whom were aware of the themes and practices in traditional medicine – and voiced their disapproval. Others, such as Dr Alexander Macleod (born in Kilphedar, North Uist, and educated in Glasgow University before returning home in the mid-nineteenth century), were more receptive to the old beliefs and practices. He had his own herbal gardens in order to provide patients with their medicinal derivatives. Moreover, books on ‘family medicine’ were read by the literate members of society, including doctors, ministers and factors (Black 1909), and many of the contemporary ideas in medical healing would have gradually ‘filtered’ into the local communities. Hence it can be said that, during the second half of the nineteenth century, there would have been a choice of healing practices available to patients, and whether they were seen by healers from a traditional background or by doctors from a conventional training would depend on several factors, such as their proximity to one or other representative, the status of the healer in the community and the nature of the disease.

It is not known precisely how particular diseases were diagnosed in the late nineteenth century but it seems probable that this was achieved by simple observation of the patient, their knowledge of similar conditions seen or experienced

previously, or their recollection of related oral traditions. It is also of relevance to ascertain whether Gaelic terminology for conditions and diseases had the same meaning in different areas of the Highlands; it is also noted that most of the healers, where named, were mature adults of both sexes.. It may be inferred that some conditions were more accurately described than others – such as pain in the jaw or side of the cheek being attributed to toothache or the irritation felt in an eye being attributed to a piece of grit. At the other end of the spectrum we may include complaints, for example, abdominal pain where the causation might range from a minor condition, such as indigestion, to more dangerous and life-threatening conditions, such as perforation of an ulcer or a blockage of the intestines. It is possible that it was because of the inexplicable nature of many abdominal complaints that there developed a variety of unusual supernatural explanations, such as the presence of frogs and toads in the ‘stomach’ which would need to be ‘enticed from their lair’ to provide relief for the patient. In many early tribal communities throughout the world, where an obvious explanation could not be found for some aspect of daily living, including illness and disease, it was customary to return to some supernatural construction of events – their origins, effects on the individual and predicted outcomes – in order to provide an acceptable sequence of logic and understanding for the individual in these times. (Rush 1996; Winkelman 2009)

It was observed that in many instances the results of treatment are not given. It is possible that the reason for this is that the concept of patient ‘follow-up’ after treatment had not yet become part of medical practice; this was also true until the early twentieth century within the practice of university-trained doctors, many of whom by then practised in hospitals. When it was known that for some disease

medicine had been given or verbal charm uttered, it is probable that the cure would have been attributed to the intervention, without acknowledgement that spontaneous healing might have taken place. As noted previously, there was no knowledge of the placebo effect of certain forms of treatment which would have been beneficial for some patients, but not for others.

During the study of a manuscript collection such as the Maclagan Manuscripts, important questions may arise as to their nature and validity in the portrayal and authenticity of the cultural entity described by contributors from Argyll and other areas of the Highlands in the late nineteenth century. It may be considered by those for whom the subjection of textual sources to scholarly interpretation is a normal discipline, that a collection of intergenerational transmitted oral traditions ought to be placed in a different category, and that its interpretation would require a different approach before it could be given comparable validity. Most researchers who give their time to this subcategory of oral ethnology are aware of this distinction and recognise that a rigorous interpretative methodology is necessary which may also be used by subsequent researchers, inclusive of those interested in folklore/ethnology as a historiographic source (Burke 2004; 133-138). It is noteworthy to those who have looked at various collections of oral traditions that several differences become apparent; Alexander Carmichael was himself the main collector from different areas of the Highlands and Islands, while Dr Maclagan relied on his chosen collectors to gather the oral traditions, the transcriptions of which he then studied in Edinburgh. Alexander Carmichael's main interest lay in charms, legends and local historical events, while Dr Maclagan was especially interested in beliefs relating to the 'evil eye' and games and pastimes in the Highlands. However, the collections which were

gathered by both folklorists contain a rich range of other subjects, reflecting the beliefs and daily living of their informants as well as the interests of the collectors. Hence, the process of interpretation of folklore material needs to be focused on a particular subject while also applying similar standards of evaluation to the different presentations of accounts and anecdotes within the subject while noting carefully the linguistic provenance of the manuscript transcripts. This has been one of the main objectives of the methodology in the thesis presentation and it is believed that this has been achieved to a significant extent.

When several similar stories were told in detailed narrative format by those villagers who have the reputation as local storytellers (and in some instances, the narrative telling could take several hours), the question of the extent to which memory can be relied upon as a fundamental part of the oral transmission of material has been discussed and presented. Assman notes that: ‘The history of the art of memory was, from the very beginning, accompanied in Western culture by radical criticism because deep-seated memories rarely conformed to accepted standards of reason and empiricism.’ (Assman 2011: 2).

He also refers to another perspective on memory, its loss, capture and reconstruction ‘the unstoppable process of forgetting, which Koselleck sees as leading directly from the living personal reality of memory to the scholarly abstraction of scholarly research’ (Koselleck 1994 quoted in Assman 2011;5).

However, it is now thought that over the past twenty years, there has been a growing role of memory in public life – as a phenomenon which is much in evidence in many

programmes produced for radio and television, such as the prominence given to the accounts of survivors of the Holocaust and their experience of wartime confrontation (Assman 2011: 7).

Hence, it seems apposite to relate these contemporary comments to the earlier work and preservation of the extensive and rich collection of oral traditions in the late nineteenth century, when memory, recall and articulation of many features of past community life was considered an essential feature of everyday living.

For many researchers in the field of oral traditions, there is often an emic perspective on the subject. Like many Hebrideans, I was always aware that an individual was a member of a closely-knit family extending over many generations, and that the descriptive personal history of each person's life experience and character, informed and shaped the beliefs and ambitions of those who followed them. It was always considered necessary to give descriptions of events, stories and legends precisely as they were heard by the storyteller; afterwards, it would be said, '*Is ann marsin a chualadh mise e*' – 'That is how I heard it' and often the person from whom the story was heard initially would be named and given credit for its veracity and content. It is possible that the transmission of verifiable oral traditions by this approach predated – by centuries- the obligatory referential system supporting current research and writing in many disciplines.

Hence, the objective of the previous paragraphs has been to give credence to the Maclagan Manuscripts as a valuable 'frozen historical spatial-time-frame' from which both particular details and broad perspectives on many subjects can be obtained, including the subject of this thesis. It is, however, necessary to note that

there may be several obligatory default stances to be taken in looking at the material; where two accounts are given of the same event and they are found to differ, this does not necessarily mean that either is wrong, but rather that they may have been observed from different positions and that each story was relayed down different oral pathways. In the absence of any stated guidelines given by the collectors on their preferred linguistic translation or transcription method – or whether these were consistently followed – it has been necessary to assess the contribution of each collector individually. Furthermore, Bruner (1987) comments that ‘the culturally shaped cognitive and linguistic processes that guide the self-telling of life-narratives achieve the power to structure perceptual experience ... and to organize memory’. Finally, despite the customary emphasis of storytellers on the accuracy of good memory, few people’s recollection is infallible, which serves to give weight to the need for wider comparative contextual research and investigation as has been followed in this thesis.

A legitimate question which may be asked is whether charm and healing customs, and other oral traditions persisted into the twentieth century. From his extensive experience of collecting oral traditions in the 1950s and ’60s Donald Archie MacDonald<sup>170</sup> offers the following comment:

*Bha e cho math gun do rinneadh an cruinneachadh seo nuair a rinneadh e. Tha beul-aithris den a h-uile seorsa air a bhith sior dhol as, ach chan eil seorsa sam bith ann a tha air thuar a dhol as cho buileach ris na seorsachan a tha againn ann an Ortha nan Gaidheal. Is ann fìor fìor ainneamh a chluinneas tu dad idir dhe an-diugh, gu ìre gur ann a chuireas e gairdeachas ort ma thachras tu air min no iomall sam bith*

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<sup>170</sup> Donald Archie MacDonald ( 1919-1999 ) Academic and folklorist in School of Scottish Studies, University of Edinburgh

*dhe. Saoilidh mi gu bheil moran annns na leabhraichean seo a bhiodh air a dhol air chall mur b'e uidh a chuir Alasdair MacGhillemhicheil ann an dualchas a luchd duthcha.*

It is as well that this collection was made when it was. All categories of folklore have been gradually disappearing, but none of them appear to have vanished so comprehensively as those which are represented in *Carmina Gadelica*. It is very very seldom that one hears spells, charms or incantations today, to the extent that it becomes a cause for celebration when one comes across the slightest fragment or echo of this sort of material at all. I believe that there is a great deal in these volumes that would have been utterly lost were it not for the interest taken by Alexander Carmichael in the cultural inheritance of his compatriots (quoted in Black 2007; 57-58)

During her anthropological survey of rural Lewis, Western Isles in 1970-71, Sharman (1977; 107-109) noted that although standard medical treatment was based on modern biomedicine, many of her informants could remember the traditional approaches used in their youth, for example, when it was believed that for every ailment a plant existed which would serve as a cure – if it could be found.

In approaching the main focus of research for this thesis as described in the title, it was considered mandatory to examine and review the nature of all the manuscripts so as to be fully aware of how the information on each subject could be understood, while the detailed accounts of the daily lives of the inhabitants from the different loci of collection of information were set as background to the illnesses and ailments from which they suffered. This has been the main reason for the collection and portrayal of the many aspects of daily living, from birth to death, their habitation, the importance given to food, etc. – all of which would have impacted on the life cycle of the inhabitants as described in Chapter 7. In today's terminology, these important subjects would be included within the discipline of public health and social medicine,

while the language, beliefs and cultural idioms belonged uniquely to the loci of the collections. Possibly one of the best general descriptions of the common diseases in a Highland setting came from a book, to which reference has already been made, written in Gaelic by Dr Donald Black whose practice was in Poolewe, Ross-shire; his book was titled *Eolas agus Seoladh airson Luchd-euslainte (Knowledge and Advice for the Sick; 1877)*. Since it was written only 15 years before Maclagan commenced collecting it is likely that many of his comments would also have been applicable to Argyll and the Hebrides. He advised that a person who was feverish should have his clothes changed or dried frequently and that he should be sponged and cleaned with soap and water, lest the elements of sweat should re-enter his body. The patient would also be comforted if his bedroom was well-aired, warm and if it was not used for toilet purposes. Fever followed many different infectious diseases and sometimes a skin rash was also present. He advised isolation of the patient from his contacts, except those who looked after him.

(Black 1877)

The above general points regarding the management of fever may be considered to have been learned from his university education and is an example of how more modern ideas were being introduced to the field of traditional medicine in the Highlands.

Another publication, by Dr H. Cameron Gillies, which attracted much attention in the early twentieth century was *Regimen Sanitatis: the Rule of Health*, based on a Gaelic medical manuscript of the early sixteenth century (Gillies 1911). He affirmed the central role which the Beatons had occupied as hereditary doctors closely linked to



the clan chieftains, MacDonalds and Macleans for a period of approximately four centuries.

Much of the advice given by the Beatons on ways of promoting general good health and healing diseases were taken from the writings of Avicenna (980–1037), and Averrhoes (1126–1198) a famous Islamic doctor who lived in Spain. As well as encouraging moderation in eating, such that one should leave the table well satisfied but not overfed, it was also judged desirable not to over-indulge in the consumption of strong liquor. There are also several annotations relating to methods of relieving pain and resting the body during feverish conditions. It has been noted that the Beatons did relay their advice on many health subjects to their patients during their tenure as hereditary physicians in the Highlands (Bannerman 1998).

In the twenty-first century, it is considered ‘best medical practice’ to diagnose and treat an individual’s complaints after due consideration is given to the family and social background from which he/she comes. It has been noted that the incidence of particular diseases can be related to the patient’s social class, to which many diverse factors contribute. This statement has arisen from statistical analysis of disease incidence conducted over many generations by members of the medical profession. No such consideration can be applied to the beliefs and practices linked to disease and illness from the MacLagan Manuscripts, since these are mostly single examples of particular conditions. The description and nature of the diseases and their various treatments are derived from the intergenerational passage of oral beliefs and traditions applied and added to the first-hand experiences of illnesses, as felt by the sufferers and observed by their relations and friends. Much of the treatment advised

for certain conditions, such as the application of herbal poultices for superficial wounds and infective conditions, are not very different from the use of particular dressings today, but the use of charms against the ‘evil eye’, bloodletting, or the modes of treating perceived ‘madness’ occupy a tangential distant position, based on supernatural interpretation of the basic condition. In every situation where the nature of the disease was not understood, nonetheless an attempt was made to gain an understanding of the disease, inclusive of the relevant oral traditions relating to that condition.

An attempt has been made to consider the social and cultural background of the inhabitants of villages who came to the attention of MacLagan’s collectors. Thus it was discovered that there were certain beliefs and practices relating to attitudes to eating, work, material culture and places of habitation which did affect their health – or liability to become ill. This is the main substance of Chapter 7, and it does highlight that although diseases and their treatments were often described, they need to be set against the whole background of their daily lives. Although Dr MacLagan was not personally involved in the fieldwork collection, it is evident from his writings that he continued to have a keen interest in the many accounts of life in the Highlands and Islands which he received from his collectors, and though he gave particular attention his main interests of games and pastimes, the practice of the ‘evil eye’ and traditional dyeing techniques. However, despite his numerous submissions for publication, he does not appear to have taken a special interest in the accounts of ordinary ailments and diseases which had been collected for him.

With the modern facility of documenting all the data from the MacLagan Manuscripts on a Microsoft Access database, it was possible to obtain first-hand descriptions of many aspects of daily life in different areas of the Hebrides, Argyllshire and other areas of Scotland and to set these accounts as contextual background to the diseases and treatments found in the manuscripts. It is postulated that this thesis is the first detailed analytical description of the diseases, consequent suffering and modes of treatments offered during a recognised time period as experienced by those living in several Hebridean islands and isolated communities on the west Highland coast.

Within the above statement, four definitive subheading conclusions are apparent which may be used to categorise other descriptions of traditional medicine from various sources.

Firstly, many of the minor medical conditions described would be expected to be self-limiting in recognition of the innate healing potential of the tissues of the bodies. Such conditions would include minor cuts, bruises and infections of the skin, headaches, minor chest infections and some gastrointestinal infections. In instances where these conditions received the attention of healers by, for example, charm incantation, prescription of holy water or herbal substances, it is likely that when the patient's complaint resolved, the healer would be given due credit for 'applying the cure' both by the patient and his family.

Secondly, it is probable that for certain conditions, the use of inert substances for healing would have had a placebo effect, this being a well attested concept affirmed by prospective randomised trials in current biomedicine (Porterfield 2005; Finnis et al. 2010; Moerman and Jonas 2002) for certain conditions. The degree of empathy

shared by the healer and the confidence which the patient had in him/her would also be regarded as likely to enhance resolution of the disease. Again, it is likely that the healer's intervention, whether by charms and incantation or the use of 'silver water application' would have been regarded as the means by which healing followed.

Thirdly, it is clear from the accounts in the manuscripts that some treatments offered were early examples of procedures which subsequently were developed in conventional medicine, two examples being the use of topical massage for soft tissue injury such as might be found in a person suffering from a sore back and reduction of a dislocated joint or realignment of a fractured bone.

Finally, in Chapter 6 where the use of herbal medicines has been described, it was noted that approximately 40% of current medical prescriptions are derived from botanical constituents (WHO Report 2005 and WHO Global Atlas 2005 ); hence, it is possible that healing could be attributed to some herbal substances, as these have been noted in the MacLagan manuscripts

Within this research subject, the interpretation of the textual data has remained firmly focused on the available transcriptions of the primary sources, such that the risk of misinterpretation, overstatement or explanatory deviation is minimised while making use of several sources in Scottish, Irish, Scandinavian and world wide literature within ethnomedicine and medical anthropology.

It is anticipated that the content and conclusions of the thesis may raise awareness of the importance of this subject as part of the historical ethnography of Highland communities in the late nineteenth century and may serve as a benchmark for

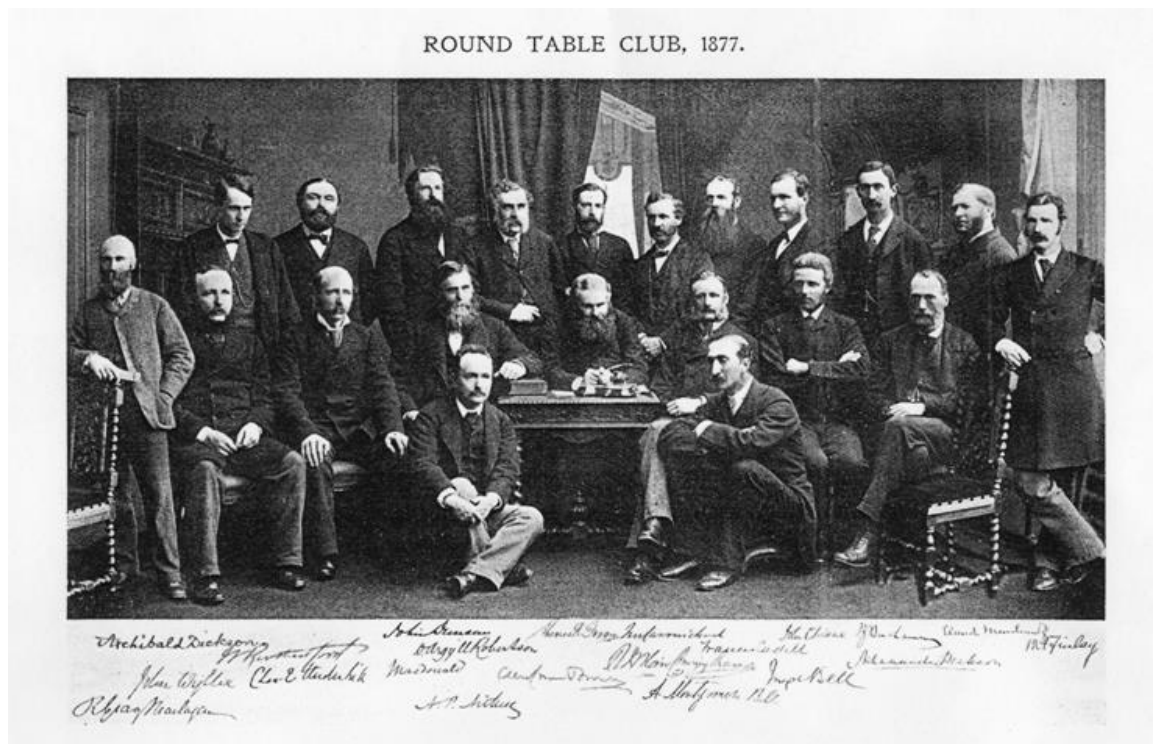
subsequent contextual accounts and writings on disease and healing within the oral traditions in the Highlands and Islands of Scotland.

## Appendix 1: Lifetime photographs

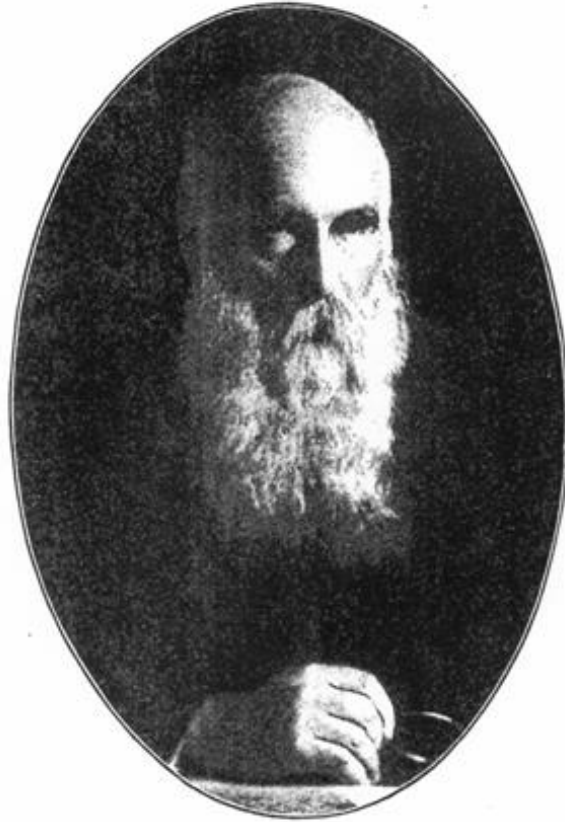


**Figure 8: Three generations of Maclagan doctors**

Robert Craig (1839–1919), David (1785–1865) and Andrew Douglas (1812–1900)



**Figure 9: Round Table Club, 1877.** (Maclagan far left)



**Figure 10: Maclagan in old age; date unknown.**

## Appendix 2: List of Dr MacLagan's publications

- 1864 'On the Arsenic-Eaters of Styria', *Edinburgh Medical Journal*, 10, pp. 200–207.
- 1865 'The Arsenic-Eaters of Styria', *Edinburgh Medical Journal*, 10, pp. 669–670.
- 1875 'Arsenic-Eaters of Styria', *Edinburgh Medical Journal*, 21, pp. 526–528.
- 1879 *The Clan of the Bell of St Fillan: A Contribution to Gaelic Clan Etymology*, Lorimer and Gillies, Edinburgh.
- 1882 *Scottish Myths*, MacLachlan and Stewart, Edinburgh.
- 1895 'Notes on Folklore Objects Collected in Argyleshire', *Folklore*, 6, pp. 144–161.
- 1896 'Corn-Maiden in Argyleshire', *Folklore*, 7, pp. 78–79.
- 1897a 'The first Uniform Tartan [Part 1]', *The Scottish Antiquary or Northern Notes and Queries*, 12, pp. 20–23.
- 1897b 'The first Uniform Tartan [Part 2]', *The Scottish Antiquary or Northern Notes and Queries*, 12, pp. 59–62.
- 1897c 'Ghost Lights of the West Highlands', *Folklore*, 8 pp. 203–256.
- 1898a 'On Highland Dyeing and Colourings of Native-Made Tartans', *Transactions of the Royal Scottish Society of Arts*, 14, pp. 386–410.
- 1898b 'Sacred Fire', *Folklore*, 9, pp. 280–281.
- 1901a 'Heather Ale – a Challenge!' *The Celtic Monthly*, 9, p. 129
- 1901b 'Two Historical Fallacies: Heather Beer and Uisge Beithe', *The Celtic Monthly*, 9, pp. 5–8, 35–37.
- 1901c 'The Clans Cuil and Clachane, and the Combat on the Inch of Perth', *The Celtic Monthly*, 9, pp. 26–28, 53–55, 64–66, 87–89, 95–97, 114–116, 217–219.
- 1901d *Games and Diversions of Argyleshire*. David Nutt, London.
- 1902a *Evil Eye in the Western Highlands*. David Nutt, London.
- 1902b 'Fisher Tartan', *The Scottish Antiquary or Northern Notes and Queries*, 17, pp. 189–196.



- 1903 ‘Charms, Etc. Figured on Plate Ix’, *Folklore*, 14, pp. 298–300.
- 1905a *The Perth Incident of 1396 from a Folklore Point of View*. William Blackwood & Sons, Edinburgh/London.
- 1905b ‘Additions to The Games of Argyleshire” (Continued) [Part 1]’, *Folklore*, 16, pp. 77–97.
- 1905c ‘Additions to The Games of Argyleshire” (Continued) [Part 2]’, *Folklore*, 16, pp. 192–221.
- 1905d ‘Additions to The Games of Argyleshire” (Continued) [Part 3]’, *Folklore*, 16, pp. 340–349.
- 1905e ‘Additions to The Games of Argyleshire” (Continued) [Part 4]’, *Folklore*, 16, pp. 439–460.
- 1906a ‘Additions to The Games of Argyleshire” (Continued) [Part 5]’, *Folklore*, 17, pp. 93–106.
- 1906b ‘Additions to The Games of Argyleshire” (Continued) [Part 6]’, *Folklore*, 17, pp. 210–229.
- 1909 ‘The Burry-Man’, *Folklore*, 20, pp. 91–92.
- 1913 *Our Ancestors Scots, Picts & Cymry, and What Their Traditions Tell Us*, T. N. Foulis, London/Edinburgh.
- 1914a “‘The Keener” in the Scottish Highlands and Islands’, *Folklore*, 25, pp. 84–91.
- 1914b ‘Introduction’ in Simpkins, J. E. (ed.) *Printed Extracts. No. 9. Examples of Printed Folklore Concerning Fife with Some Notes on Clackmannanshire and Kinross-shires*. Sidgwick and Jackson, London.
- 1915–1919 ‘Last Will and Testament of Robert Craig Maclagan’, *Record of Testamentary Deeds. From 4 Nov. 1919 to 3 Dec 1919*. Edinburgh, National Archives of Scotland (SC70/4/529), pp. 191–204.
- [1913]a ‘Expereinces of a Volunteer Officer from 1859 to 1909’, *Occasional papers by R. C. Maclagan M.D.* Edinburgh, Privately Printed [Originally published in the *Caledonian Medical Journal*, 1910], pp. 1–24 [papers numbered separately and non-consecutively].
- [1913]b ‘Latha na Caillich: Hunt-Y-Gowk’, *Occasional papers by R. C. Maclagan M.D.* Edinburgh, Privately Printed [Originally published in

the *Caledonian Medical Journal*, 1908], pp. 233–241 [papers numbered separately and non-consecutively].

- [1913]c ‘A Wheen Mucclegun Rhymes’, *Occasional papers by R. C. Maclagan M.D.* Edinburgh, Privately Printed [Originally published as a booklet by H. Armour and Co., 1911], pp. 4–56 [papers numbered separately and non-consecutively].
- [1913]d ‘A Folk-Lore Synthesis’, *Occasional papers by R. C. Maclagan M.D.* Edinburgh, Privately Printed [Originally published in the *Caledonian Medical Journal*, 1907], pp. 29–40 [papers numbered separately and non-consecutively].
- [1913]e ‘Fionn: A Pre-Historic Scottish Study’, *Occasional papers by R. C. Maclagan M.D.* Edinburgh, Privately Printed [Originally read before the Granton Literary Association, 1889], pp. 1–17 [papers numbered separately and non-consecutively].
- [1913]f ‘An Anatomical Saint: Saint Condyle’, *Occasional papers by R. C. Maclagan M.D.* Edinburgh, Privately Printed [Originally published in the *Caledonian Medical Journal*, 1906], pp. 344–348 [papers numbered separately and non-consecutively].
- [1913]g ‘Calluinn–Hogmanay’, *Occasional papers by R. C. Maclagan M.D.* Edinburgh, Privately Printed [Probably originally published elsewhere], pp. 3–42 [papers numbered separately and non-consecutively].
- [1913]h ‘A Side-Light to the History of St. Columba’, *Occasional papers by R. C. Maclagan M.D.* Edinburgh, Privately Printed [Originally published in the *Caledonian Medical Journal*, 1905], pp. 173–185 [papers numbered separately and non-consecutively].
- [1913]i ‘The making of a Scotie Saint’, *Occasional papers by R. C. Maclagan M.D.* Edinburgh, Privately Printed [Originally published in the *Caledonian Medical Journal*, 1906], pp. 276–286 [papers numbered separately and non-consecutively].

### Written by R. C. Maclagan and E. Kerr

- 1895 ‘Folklore Objects from Argyleshire: Puzzle’, *Folklore*, 6, pp. 302–303.

The above list of publications was initially resourced by Dr. Ollie Douglas and I thank him for his permission to place them in this appendix.

## **Appendix 3: Collectors**

Rev. Thomas D. Ball

Donald A Cameron

John Cameron

Colin Campbell

Elsie F. Campbell

Rev. Neil Campbell

Alexander Carmichael

Hugh Clark

Martin Cohn

W Dalrymple

Rev. William Duff

Elsbeth M. Kerr

Peter MacDonald

Rev. Colin MacDonald

Ian MacDougall

D. MacGilp

J. M. MacGregor

R. C. MacLagan

Jessie Ann MacLeod

J. McDougall

Jessie Miller

F. A. Milne

Archibald Munro

James Murdoch

Leila Paull

Charles Robertson

A. M. C. Tolmie

John Tulloch

## Appendix 4: Contributors

A sample from the database of contributors, indicating the range of locations.

Contributor	NativeArea
CAMPBELL Dugald	Argyll: Islay: Port Charlotte
CAMPBELL Michael	Outer Hebrides: Barra: Castlebay
CRUICKSHANKS Nellie	Banffshire
CUMMING Alexander Mr	Inverness-shire: Glen Urquhart
DOWNIE Mr	Buteshire: Arran: Whiting Bay
FERGUSON John	Outer Hebrides: South Uist: Lochboisdale
GILCHRIST Duncan Mr	Argyll: Coll
GUNN Hugh Mr	Sutherland: Kinlochbervie
JAMISON Mr	Shetland
JOHNSTON Alexander	Perthshire: Methven
LAUGHTON Miss	Orkney: North Ronaldsay
LAWTON E B	Aberdeenshire: Aberdeen: Merkland Road
LEE Mrs	Edinburgh: Cluny Drive
LIVINGSTONE Hugh	Argyll: Ballachulish
MACDONALD Rev Norman	Ross and Cromarty: Applecross, Invernessshire: Alvie
MACDOUGALL Mr	Argyll: Colonsay
MACLEOD Ann	Outer Hebrides: Harris: Bernera, Argyll: Islay: Port Charlotte
MACLEOD Jessie A	Argyll: Ardrishaig: Auchoish School
MACRAE Mrs	Ross and Cromarty: Black Isle
MASON Janet	Fife: Kirkcaldy
MCCALLUM Mr	Argyll: Tiree
MCEWAN David	Galloway
MCFADYEN A	Glasgow
MCGILCHRIST J Mr	Ross and Cromarty: Strathpeffer
MITCHELL William Mr	Ireland: County Derry
MORRISON, Miss	London
MUDIE Dr	Renfrewshire: Kilbarchan
MURDOCH John Mr	Ayrshire: Saltcoats
ROSS Miss	Moray: Forres
SUTHERLAND Mrs	Argyll: Islay: Loch Indaal Lighthouse
the Ferryman	Argyll: Portsonachan
TURNER Duncan	Argyll: Islay: Port Charlotte
WATSON J Mr	Argyll: Islay: Lighthouse
WATSON J Mr	Fife: Crail

## Appendix 5: Map of sites of collection

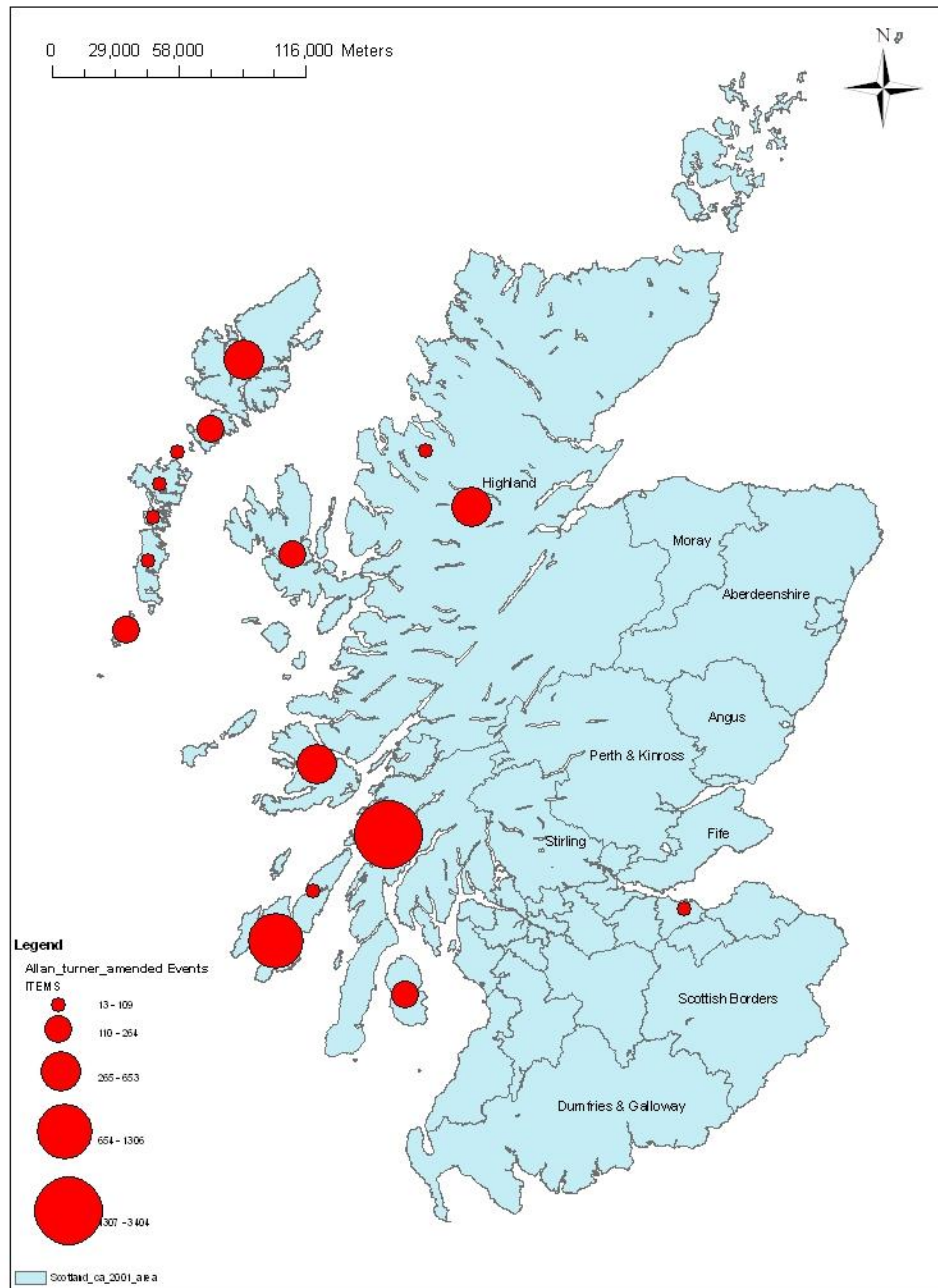


Figure 8: Map of sites of collection

## Appendix 6: Access database sample data collection abstracts

**Microsoft Access**

File Edit View Insert Format Records Tools Window Help

Tahoma 8 B I U

screen shot

**Manuscript**

**MacLagan Manuscripts Data-Entry**

System ID 9102

ArchiveNo MML0081a.1

CatName MacLagan

Title HERB CURES

ItemDate 1893

Collector MacLeod Jessie A Ms

Contributor MACGILP Mary Miss, MACTAGGAR

NativeArea Argyll: Ardrishaig: Auchoish

Extent 2 pages, 0081a, 0081b

Summary Various herb cures, their preparation and application, including: Liathlus, Acrimony (headache), Nettle (blood), Groundsel (boils, swellings), Meallach (dropsy), Dandelion (stomach), Bog Bean (blood), Thyme (headache), Ashbarb (swellings, boils), Ailleann (consumption), Tormental Root (Cholera), Cuach Pharaig (cuts, to stop bleeding), Ivy (skin eruptions).

Genre Cure

Subject disease, blood, headache, boil, swelling, dropsy, stomach, consumption, cholera, skin eruptions, plant, liathlus, acrimony, nettle, groundsel, meallach, dandelion, bog bean, thyme, ashbarb, ailleann, tormental root, cuach pharaig, ivy

Place

Language English

Style Report

RelMatl

Note Mr McTaggart is a joiner.

Archivist CMI

DescDate 2008.09.09

Record: 12 of 10101

Form View

Figure 9: Access database record 12 (Herb cures)

**Microsoft Access**

File Edit View Insert Format Records Tools Window Help

Tahoma 8 B I U

**Manuscript**

**MacLagan Manuscripts Data-Entry**

**System ID** 9111

ArchiveNo MML0094a.1

CatName MacLagan

Title LON NATHRACH (SERPENT'S MEADOW)

ItemDate 1893

Collector MacLeod Jessie A Ms

Contributor MACTAGGART D Mr

NativeArea Argyll: Ardrishaig: Auchoish

Extent 2 pages, 0094a, 0094b

Summary Anecdote about the Serpent's Meadow in Knapdale, said to be the place where the treasure belonging to a robber was still concealed. The robber had been robbing sheep from the local community until an appeal was made to the landowner MacAlister, to take action. Although the robber had been careful not to cross MacAlister, the laird sent for him and asked him to accompany him to Inverary as valet, whereupon he was put in jail.

Genre Tale

Subject historical, robber, treasure, clan, MacAlister

Place Argyll: Knapdale: Serpent's Mead

Language English with Gaelic

Style Narrative

RelMatl

Note

Archivist CMI

DescDate 2008.09.09

Record: 21 of 10101

Form View

Figure 13: Access database record 21 (*Lon nathrach*: Serpent's meadow)

**Microsoft Access**

File Edit View Insert Format Records Tools Window Help

Tahoma 8 B I U

screen shot

**Manuscript**

**MacLagan Manuscripts Data-Entry**

**System ID** 9127

ArchiveNo MML0110a.1

CatName MacLagan

Title CORRESPONDENCE

ItemDate 1893

Collector Cameron Donald A

Contributor

NativeArea Argyll: Ballachulish: St John's Rect

Extent 3 pages, 0110a, 0110b, 0110c

Summary Letter to MacLagan on behalf of the Bishop of Argyll and the Isles stating that while the bishop would be unable to contribute to the manuscript (being without Gaelic in an almost wholly Gaelic-speaking district) he has appointed his chaplain and secretary (the writer of the letter) to assist if possible. The chaplain promises to do this and to enlist the help of one of his sons, currently studying at Glasgow University.

Genre Letter

Subject collector, religious, christianity, episcopalian

Place Argyll

Language English

Style Letter

RelMatl

Note

Archivist CMI

DescDate 2008.09.16

Record: 37 of 10101

Form View

Figure 14: Access database record 37 (Correspondence)



**Microsoft Access**

File Edit View Insert Format Records Tools Window Help

Tahoma 8 B I U

**Manuscript**

**MacLagan Manuscripts Data-Entry**

System ID: 9167

ArchiveNo: MML0163a.1

CatName: MacLagan

Title: MACQUARRY'S CAVE

ItemDate: 1893

Collector: MacLeod J A

Contributor: MACTAGGART D Mr

NativeArea: Argyll: Kintyre: Ardrishaig: Auchoi:

Extent: 2 pages, 0163a, 0163b

Summary: Tale about a piper called MacQuarry who took his dog and ventured into a cave in Teretigan in order to establish where it would come out. His playing was heard for miles but then days later a tune was heard (words given here) and the piper was never seen again. His dog was discovered miles away at Ballyourigan (?), having lost all its hair.

Genre: Song, Way of Life, Anecdote,

Subject: piper, bagpipe, topography, cave, animal, dog, supernatural

Place: Argyll: Knapdale: Teretigan

Language: English with Gaelic

Style: Narrative, Song

RelMatl:

Note: The reciter is a joiner.

Archivist: CMI

DescDate: 2008.10.10

Record: 86 of 10101

Form View

Figure 15: Access database record 86 (MacQuarry's Cave)

**Microsoft Access**

File Edit View Insert Format Records Tools Window Help

Tahoma 8 B I U

**Manuscript**

**MacLagan Manuscripts Data-Entry**

**System ID** 1981

ArchiveNo MML2196a.2

CatName MacLagan

Title USE OF PLANTS

ItemDate 1896?

Collector

Contributor

NativeArea

Extent 0.8 pages, 2196a, 2197a

Summary Six recipes and instructions for using plants: Lus-liath as a poultice for treating suppuration; nettles and deanwort as a poultice for treating sciatica; decoction of sun dew used by women in Lewis to perfume their hair; wild thyme in a liquid for scenting handkerchiefs; decoction of gentian used by women in Bernera to perfume their hair; prunella vulgaris used in Lewis as a tea; mint, agrimony, lus-an-fhaidh and wild thyme used as teas in the highlands.

Genre Cure, Recipe, Way of Life

Subject suppuration, poultice, plant, lus-liath, sciatica, nettle, deanwort, sun dew, perfume, wild thyme, gentian, drink, tea, prunella vulgaris, mint, agrimony, lus-an-fhaidh, wild thyme

Place Outer Hebrides: Lewis, Harris: Ber

Language English and Gaelic

Style Instruction

RelMatl

Note The collector is likely to be Elizabeth Kerr, Port Charlotte, Islay, Argyll. Although the informant is named, this report is also marked 'anonymous' by E Kerr.

Archivist CMI

DescDate 2007.04.18

Record: 14 2876 of 10101

Form View

Figure 16: Access database record 2876 (Use of plants)

**Microsoft Access**

File Edit View Insert Format Records Tools Window Help

screen shot

**Manuscript**

**MacLagan Manuscripts Data-Entry**

System ID: 3542

ArchiveNo: MML3496a.1

CatName: MacLagan

Title: CORRESPONDENCE: TEINE EIGIN (SACRED FIRE), CHAIR AND CORP CREADHA

ItemDate: 1898

Collector: Kerr Elizabeth

Contributor: SUTHERLAND George

NativeArea: Argyll: Mull: Torosay: Free Manse

Extent: 1.6 pages (typed), 3496a, 3496b

Summary: Account provided by the informant concerning a relative of his, David Gunn, a crofter in Houstry, Caithness, who, in 1809 or 1810 disturbed the ruins of a broch. Brochs were believed to be fairy dwellings and to disturb one was thought to be foolish but David Gunn continued with his work. Before long a plague had broken out among the cattle of the district and David Gunn's actions were thought to have been the cause of the plague. After consideration it was agreed that a sacred fire (teine eigin) was required and for this purpose a branch was taken to an island which was entirely cut off from the impurities of common life. Every fire was extinguished and then new fire was made from two specially

Genre: Biography, Way of Life, Belief, ...

Subject: supernatural, witchcraft, effigy, corp creadha, building, house, furniture, chair, archaeology, broch, fairy, dwelling, plague, animal, cow, teine eigin, needfire

Place: Caithness: Dunbeath: Houstry: M...

Language: English with Gaelic

Style: Letter

RelMatl: See also MML3495a and MML3496c.

Note:

Archivist: CMI

DescDate: 2007.08.03

Record: 4521 of 10101

Form View

Figure 17: Access database record 4521 (Correspondence: Teine Eigin ...)

## Appendix 7 Herbals and non-herbal substances used for healing

These are all listed as found in the manuscripts and it is possible to find further details and the conditions for which they were used by keyword search of the MacLagan Manuscript Access Database held in the School of Scottish Studies Archives.

### Nomenclature

English	Gaelic	Latin Botanical
Agrimony	Geur bhileach	Grimonia eupatoria .
Ash	Cairt-uinnsean	Raxinus excelsior
Barley	Eorna	Ordeum secalinum
Bird's foot plant	Cearab feoir	Trifolium ornithopodioides
Black thorn .	Preas nan airneag	Prunus spinosa
Bog bean .	Lus nan laogh	Menyanthes trifoliata
Briar roots	Dreasan	Rubus fruticosus
Broom	Bealuidh	Sarothamnus scoparius
Burdock	Meacan Dogha	Arctium lappa
Chamomile	Lus na cambhile	Chamaemelum nobile
Chickweed .	Fliodh	Stellaria media
Colt's foot .	Gallan greannchair	Tussilago farfara
Crowfoot	Fleann uisge .	Ranunculus aquatilis
Dandelion	Bearnan Brighde	Taraxacum officinale
Eye bright	Lus nan leac	Euphrasia
Elm bark	Rusg leamhainn .	Ulmus gabra
Fennel	Lus an t- saoidh	Foeniculum vulgare

Ground ivy	Eidheann- thalmhainn .	Glechoma hederacea
Juniper Berries	Dearcagan aitinn	Juniperus communis
Groundsel	Grunnasg no am bualan	Senecio vulgaris
Heather tops	Fraoch	Erica cinera
Hellebore	Meacan – sleibhe	Helleborus foetidus
Kail blades	Duilleagan cail	Brassica
Lady's mantle	Falluing Mhuire	Alchemilla vulgaris
Lichen	Crotal	Lichen emphalodes
Marsh mallows	Malaoimh	Malva
Mint tea	Mionnt fiadhaich	Mentha
Mugwort	Liathlus	Artemesia vulgaris
Nettles	Deanntagan	Urtica urens
Orpine	Lus na laogh	Sedum telephium
Ragweed	Buaghallan buidhe	Senecio jacobaea
Rosemary	Ròs Màiri	Rosmarinus officinalis
Rowan ,bowtree,	Neonain dromain.	Sorbus aucuparia
Sage	Sàisde	Salvia officinalis
St. John's wort	Lus Cholum Cill	Hyperium perforatum
Tansy	Lus na Fraing	Santhemum vulgare
Tormentil	Leamhrachan an fhraoich	Potentilla erecta
Valerian	Lus an bhilean	Valerian officinalis
Well ink	Biolar	Cardamine
Whins or gorse	Conasg	Ulex europaeus
Wild thyme	Lus an Righ	Thymus polytrichus

Yarrow or milfoil Cathair –thalmhainn

Achillea millefolium

### Non-herbal Healing Substances

Asses' milk.	Bainne na h- aiseal
Butter	Im na bà
Charcoal	Gual-loisgte
Cobwebs	Lion an damhail allaidh
Eel's skin.	Craicionn easgainn
Fish livers ointment	Ola eisg
Fulmar's oil	Ola an fhumair
Hen's grease	Blonag – circe
Potatoes and butter milk.	Buntata is bainne goirt
Salt butter and oatmeal	Im sailte is aran coirce
Sea water	Uisge sàl
Tar	Tearr
Whisky.	Uisge beatha

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<sup>171</sup> Nomenclature sourced from Clark and MacDonald (1999) and Clyne (1989)

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